MEDICAID SERVICES UPDATE: August 25, 2014

To: All ADvantage Case Management and Home Care Providers

Subject: Transition to New IVRA/EVV Software System, Sandata

IMPORTANT EVV TRANSITION BULLETIN #8

Beginning September 1, 2014, DHS will require agencies to utilize the Sandata EVV system for the services provided to Members. Services requiring the use of the EVV system:

- Personal Care
- Case Management
- Transition Services
- Case Management
- Nursing
- Advanced Supportive/Restorative Assistance
- In-Home Respite
- Personal Services Assistant
- Advanced Personal Services Assistant

The purpose of this bulletin is to update Providers about the impending changes with the new EVV implementation. There are suggested steps throughout this document that are included to assist the Provider in preparation for the approaching transition.

The ADvantage Administration will be monitoring the dedicated EVV email address throughout the Labor Day weekend and staff will be in the office on Monday, 9/1/2014, to respond to and answer questions. Please send all emergent questions to evvok@aau.okdhs.org.

CLAIMS

PENDING CLAIMS: MSU-AA is monitoring the volume of pending claims. Please continue to reconcile all pending claims and submit for processing. It would be most advantageous for Providers to reconcile, to the degree possible, all pending claims prior to the September 1 cutover date.

1. The AuthentiCare IVR will be used for check in and out through end of business on August 31, 2014. To give providers time to review and correct as well as enter claims, the AuthentiCare web site will remain available through September 2, 2014. All claims should be entered and confirmed before end of business on September 2, 2014. The final AuthentiCare claim submission will be the following morning, the 3rd – at which time the AuthentiCare web site will no longer be accessible.

The toll-free phone number for AuthentiCare will be disabled August 31, 2014. If a staff should
inadvertently call this number up until September 2, they will hear the following pre-recorded message: “This phone number is no longer the number to be used for check in and outs. Please contact your provider administrator for further information.”

Please do not submit invoices (claims) for payment through the Sandata EVV system until September 8, 2014. Sandata will begin to submit confirmed billing to OHCA beginning September 8, 2014.

2. Initially, the EVV system will not have the option to upload the 835-remittance file. The Santrax system does not reconcile authorizations in the same manner that the current EVV system would, so it is not essential that the 835 be uploaded for this purpose. The Santrax system offers a report summary that can be printed or saved prior to exporting claims. This report summary can be used to check against the 835 remittance. The upload of the 835 will remain on the list for future enhancements.

3. Recent Federal changes have prompted modifications in how some CD-PASS services may be executed, specifically for service codes S5125 and S5125TF. As a result, the MSU-AA will postpone the launch for billing these specific services through the EVV system for post-go live. EVV will continue to be required for home visits for Case Management, Nursing and all other ADvantage services.

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1. The process for maintaining Diagnosis Codes in the new Sandata EVV system will be as follows, beginning September 1, 2014:

   - **Pre-implementation**, the Diagnosis Code will be imported into each Provider's database as an element of the Member profile.

   - If for any reason the Member Diagnosis Code changes after the initial import the Provider should enter the update. **Post-implementation** any necessary updates of the Member Diagnosis Code will be changed/entered by the Provider.

   - When an individual has been determined eligible to receive ADvantage or SPPC services, the Provider will enter the Diagnosis Code for that Member into the EVV system. This field will appear to be blank for New Members post-implementation. At that time the diagnosis code must be filled in, by the provider, with the diagnosis code listed on the ADv6g for ADvantage Members and on the 6g for SPPC Members.

2. The process for “Calling In” and Calling Out” will primarily remain the same:

   - Previously referred to as “check-in” and “check-out” on the IVR will now be referred to as **“Calling In” and “Calling Out”**.

   - **Pre-Implementation Staff Training**: Providers can advise staff that the process for calling in and out to complete the service encounter will remain the same. What will
change is the toll-free number that is used currently. Each provider group will receive their own toll-free phone number. There are other visit types that will be discussed in detail during the upcoming training, but basically the following procedure should be followed:

**Calling in:**

- Staff/caregiver visiting the home will have an ID number assigned to them that is generated by the EVV system, just as they have always used when visiting a home and using the current EVV.
- The staff/caregiver will dial a toll-free number and there will be a response voice message that will prompt the Provider to enter in their ID#.
- Slowly and clearly the Provider should speak their code number into the phone receiver.
- The Call process ends, when the provider hears the system announce, “Received at (time).”

**Calling out:**

- Staff/caregiver will dial a toll-free number and there will be a response voice message that will prompt the staff/caregiver to enter in their ID#.
- Slowly and clearly the staff/caregiver should speak their code number into the phone receiver.
- Press “2” to indicate a “Call Out” (System prompt would state “received at (Time).”)
- Enter number of tasks:
  - Worker would enter the key corresponding to the number of tasks completed
  - Prompts would then request the staff/caregiver to enter the first “Task ID” (usually a chart of tasks and corresponding numeric codes; would appear on the back of the Call Reference Guide)
  - If only one task is performed, system would state “You entered one task – Thank you, bye.”, otherwise it would prompt for the next Task ID.
- The Call process ends when the provider hears the system announce, “Received at (time).”

**3. The claim editing and data entry encounter will change:**

Providers are urged to begin training staff responsible for editing and entering claims data **pre-implementation**. The data entry/editing feature of the Santrax system will require staff to change or edit Member schedules rather than the current interface which requires staff to edit Member claims. Provider staff should be prepared to update or correct the Member schedule to reflect accurate billing for the service encounter. Sandata will thoroughly train this new concept for staff attending the upcoming training. This information is being provided to offer the Provider an opportunity to evaluate current internal processes in light of the new implementation.

**4. Preparing Schedules to be entered into the EVV system:**

- The preliminary results from the Provider Survey demonstrate not all Providers use scheduling software. **Prior to implementation,** all providers are encouraged to generate a schedule from the scheduling software in use or create staff schedules for the month of September to be used as a schedule template to be entered into the EVV.
• Having a prepared schedule will help expedite the process of data entry and allow Providers to prioritize data input. For example, schedules may be entered first for staff working 9/1, schedules for staff working on 9/2 would be entered next, etc.

5. Self-Registration for Creation of Voice Print.

• During the initial implementation of the EVV system, Providers and staff will be able to self-register to create voiceprints. The instructions for completing the voiceprint will be included in the Provider Agency “Welcome Kit” from Sandata.

• Post-launch, there will be an agency assigned role that will assist all staff in creating a voiceprint. This individual will be able to register the staff from a remote location, so the system will continue to offer an easy to apply process for enrolling staff. Additionally, the new software is more intuitive than the current system, which means there will be less likelihood that the call in/call out will fail.

• The system is looking for voice pattern, inflexion or the staff individual voice biometrics. As long as the staff creates a voiceprint, the system will recognize them, even if they have a cold or if their voice is somewhat altered.

6. How to enter Case Management Administrative activities, such as Service Plan Development, or intra-office work:

Case Management Administrative Duties Process:

1. Case Managers will keep a daily log recording administrative tasks performed in support of a Member. These tasks include member support provided when not visiting a member’s home.

2. CM Agencies will assign the System Administrator Role/Position to the System Admin Security Group membership using the Security tab within the EVV system. Users designated this role and security group will be responsible for the daily data entry of Case Management administrative activities using the “New Events” screen within the Scheduling Module. To enter these duties in EVV the SYS ADM will:

a. Access the New Events screen in the EVV Scheduling Module.
b. Select Single Event from the Frequency section.

c. Select Client, Case Manager Staffperson, and relevant Case Management Service type.

d. Enter Date and Start & End time of Activity.

e. Select **02-Confirmed** under Status.

f. Enter the Administrative Task performed in the Comments field.

*See list of Case Management Activities on Page 3.

g. After entering items b-f above, select “Add” in the upper right hand corner.

- You will see “1 Events added”. Review the event added for accuracy.

h. If edits are required, right click on item and select “Delete”. Otherwise select “Commit.”

- Selecting commit adds a confirmed schedule and reduces the authorization by the amount of units associated with the event.
i. A message will display warning the user that the schedule does not have a required task. Select OK to continue.
7. Sandata will send a “Welcome Kit”, which should be received by all Providers no later than August 29.

8. The EVV system will track all calls beginning September 1, 2014. This will include visits that have been made but have no corresponding schedule entered into the EVV system. Once the schedule has been entered, the system will match the call with the scheduled event.

9. Initially, each provider will have five System Administrators. Once each provider has had the opportunity to review the user roles for the system, some will find that this may be more or less than is required for your agency. This setting may be changed post-go-live. Please submit your request for changes, post-go-live, to the EVV SmarterMail address.

10. Regarding transfers, an authorization is required for all services regardless of whether or not they are impacted by the EVV. If the Member requires services to be available immediately upon transfer, the addendum should be submitted as a priority via fax with documentation to support the need for the priority authorization.

General registration for the EVV is ongoing. Go to the “Getting Started with EVV section” on the newly created EVV web-page at:

http://www.okdhs.org/programsandservices/aging/adw/evv/electronic+visit+verification.htmRegister
• Sandata will need Provider specific information in order to begin to set up a data base for each provider. Sandata has set up an on-line survey tool so providers can conveniently submit the required data. The survey should take no more than 10 minutes.

• It is crucial that this survey be completed several weeks prior to the go live date of September 1, 2014. You can locate this survey on the EVV web-page (same as the training).

Please follow the link below and complete this survey. The survey is now live and able to start collecting responses.  [https://www.surveymonkey.com/s/OKDHS](https://www.surveymonkey.com/s/OKDHS)
To: ADvantage Contracted Case Management and Home Care Providers

As previously announced in Provider Bulletin #5, DHS is changing IVR/EVV providers and your agency will continue to be required to participate in the Electronic Visit Verification (EVV) program. EVV is defined as a telephone and computer-based system that electronically verifies when visits occur and documents the precise time services begin and end. Just like IVR, EVV will be used to schedule visits and submit home visit claims to DHS. EVV will ensure that individuals are receiving the services authorized for their support and for which DHS is currently being billed. Your employees will be required to call a toll-free number when they initiate the home health or case management services to the Member and again upon completion. The toll free number will be provided by Sandata during the training session.

DHS has contracted with Sandata Technologies, LLC. to provide the EVV system and program orientation. There is no cost for the EVV program to the individual or provider agency.

All claims associated with the above services for DHS ADvantage Members must be submitted through the Sandata EVV system.

Sandata Technologies, LLC. (www.sandata.com) is pleased to provide its market leading Santrax Telephony Electronic Visit Verification System (EVV) for DHS’s EVV program, and welcomes your agency to the Santrax implementation process. The Santrax implementation includes:

- Training materials and sessions to ensure the EVV program meets user needs.
- Agency specific toll free numbers for attendant EVV calls.
- A web based EVV system to support agency administrative requirements such as scheduling and claims submission.
- A toll free Customer Service line to support EVV users’ questions.

The benefit that you will receive as a provider will include:

- The assurance that your ADvantage Members are receiving their authorized services as scheduled: With the EVV System, an electronic visit authentication occurs through telephone calls validating the actual time, location and caregiver.
- Real-time field visibility
- Claims processing: Electronic Billing Export is embedded directly in the system for a streamlined process.
- A variety of Management Reports that can assist you with running your business operation.

Again, providers will continue to receive frequent communication concerning this transition. Please adhere to the recommended guidelines. If you have any questions regarding the information provided above, please feel free to contact us via Smarter Mail at: aauproviderquestion@aau.okdhs.org