EVV Personal Care Services FAQs for Providers

General Questions

What is EVV and why is it being implemented?

Centers for Medicare and Medicaid Services (CMS) mandated that all states implement Electronic Visit Verification (EVV) for agencies and/or caregivers providing in home personal care, attendant care, and respite services. This federal requirement is the result of the 21st Century Cures Act. EVV protects clients and ensures they get the care they need.

Visits will be electronically verified with the following information:

- Type of service performed
- Individual receiving the service
- Date of service
- Location of service delivery
- Individual providing the service
- Time service begins and ends

What is required of the agency?

Arkansas is providing a State-funded EVV solution called AuthentiCare, which means there is no cost to providers for the software. You can choose to use a different EVV vendor, but at your expense. If you do this, it is critical that your chosen vendor integrates with the State's vendor, Fiserv. This is called Third Party EVV integration. Your vendor will be required to send the EVV data the State needs to verify visits and validates claims. If going with a non-State solution, please ensure integration capabilities.

AuthentiCare is a bring-your-own-device model that is simple to use. Staff complete reporting of visits via an AuthentiCare application (app) on their smartphones or member's landline. This will streamline reporting activities, increase accuracy, and make the process easier for provider organizations.

Can an agency opt-out?

You must comply with the 21st Century Cures Act, whether through the State-funded solution or through a third-party EVV vendor. If you chose to opt-out, you will not be reimbursed by Arkansas Medicaid for Personal Care, Respite, or Attendant Care services rendered.

As an agency, is this going to cost me anything?

There is no charge to the provider agencies for the State-funded EVV system. If you choose a different solution the State will not cover those costs.

Is the system tracking me everywhere I go?

No. GPS only activates at the time of check-in and check-out, and location is turned off as soon as you close the app.

Do the Electronic Visit Verification (EVV) changes apply to Home Health and Private Duty?

No, the change currently does not apply to Home Health or Private Duty at this time. The Home Health phase of the project goes into effect in 2023.

Do we still have to do timesheets?

AuthentiCare, or your chosen third-party EVV system, acts as your clock-in and clock out mechanism and logs the information electronically. However, it is the decision of the agency whether you would like to continue to use timesheets for documentation and tracking purposes.

Enrollment Questions

Will each of my caregivers need to apply for an individual PIN?

Yes, each caregiver will need to apply for their own PIN through Medicaid. The process to obtain a PIN is found on the Arkansas Medicaid website for EVV under Enrollment.

How long does it take for caregivers to receive a PIN?

It can take up to 30 days for a caregiver PIN to be processed. If it has been longer than 30 days and you are still waiting on a PIN, please contact EVVarkansas@dhs.arkansas.gov.

Can a caregiver work if they have not yet received their PIN?

If a caregiver has applied for a PIN and it is pending, the agency can make the decision to have the caregiver provide services. An agency representative will need to capture the visit information in a method of choice. Once the caregiver receives their PIN, an agency representative will need to associate the caregiver in AuthentiCare. Instructions for caregiver association can be found in Section 5.0, on page 27 of the AuthentiCare User Manual, located in your AuthentiCare web portal dashboard. The agency can then submit visit information, retroactively, in AuthentiCare. Please be aware that this is a risk to the agency, if for some reason the caregiver is not approved for a PIN. Should the caregiver's PIN form be denied, the agency will not be reimbursed for visits and services provided.

Communication Questions

How will I be informed about EVV?

The State will continue to update the Arkansas Medicaid website with more EVV information. Providers may also receive communication through email and provider bulletins. Please check this page regularly for new information. Additionally, provider

enrollment information is located on the "What's New" section of the Provider Enrollment Portal. Please also be sure to regularly check your email, as communication from DHS is often shared via email. In addition, DHS also holds provider Q&A sessions regularly, as an opportunity for providers ask questions, obtain guidance, and listen in as others discuss EVV items. These meetings are optional. If you would like to attend, please contact: EVVarkansas@dhs.arkansas.gov.

What do I tell my employees?

Both Fiserv and the State have resources to help you communicate the change to employees. We encourage you to communicate often because accurate, timely, and transparent information is essential to helping employees understand and feel comfortable with the change.

How can I ask questions and offer feedback?
There will be an opportunity in all training sessions to both ask questions and provide feedback. DHS also holds provider Q&A sessions regularly, as an opportunity for providers ask questions, obtain guidance, and listen in as others discuss EVV items. These meetings are optional. If you would like to attend, please contact: EVVarkansas@dhs.arkansas.gov.

Additionally, if you need to communicate to someone directly and outside of a training, please contact: EVVarkansas@dhs.arkansas.gov.

Training Questions

Will training be offered?

Yes. Fiserv will conduct training for providers, with assistance from the State. Fiserv will provide user manuals, presentations, and other training material for your staff. The Fiserv training team will work with providers to make sure you feel equipped to use AuthentiCare moving forward. The full set of live webinars is held twice per month, and you can sign up using the calendar.

Will there be a separate training for direct care workers?

DHS has adopted a Train-the-Trainer model; the training is for provider agencies only. Provider agencies are responsible for training direct care workers. Fiserv and the State will equip providers with all necessary training materials and resources to do this.

When will we receive training, and what kind of training?

Training information is posted on the EVV webpage. Providers who have not completed all required trainings must do so as possible. This is required to receive AuthentiCare credentials.

Mobile Device Questions

Do mobile devices have to be registered?

Yes, each mobile device must be registered within the AuthentiCare application.

Can caregivers use multiple devices?

CMS requires that a single device be assigned to a caregiver, and caregivers are not allowed to share devices. However, when a caregiver gets a new phone or wants to use a different device, registration of the mobile device can be done at any time in AuthentiCare.

If there are multiple services being provided (i.e., Personal Care and Attendant Care back-to-back), can the employee select multiple services, or do they have to clock-in and clock-out for each service?

The employee would need to do separate clock-in and clock-outs for each service provided.

What if there is no cell service or Wi-Fi available at the service location?

The AuthentiCare Mobile Application works in Frontier Mode, which allows the data to be captured at the time of clock-in and clock-out and will be automatically uploaded when the caregiver returns to an area that has cell coverage. If you use a third-party system, you will need to work with them to understand how information is captured in areas with no cell service or Wi-Fi.

What happens if the AuthentiCare system goes down?

Data is still captured using Frontier Mode and sent to the system when the system is restored. If you are using a third-party system, you will need to work with them to understand what happens during system outages.

Are caregivers able to clock-in using Frontier Mode in the AuthentiCare mobile app?

Yes, if a caregiver is in Frontier Mode, they will still be able to clock-in and clock-out. The data will be saved and pushed to the system when cellular or Wi-Fi signal is restored on their mobile device. Please see the Frontier Mode Guide for additional details.

Claims, Timesheets, and Billing Questions

Will paper timesheets still need to be completed as a backup?

No, paper timesheets will not be necessary for EVV users, since actual check-in time and check-out time is a requirement for visit submission. However, if for some reason a manual web entry is completed instead of capturing visit information via mobile or IVR, the agency must provide appropriate documentation to support the service(s) provided.

Can billing information be uploaded to a payroll software?

Yes, AuthentiCare has options for exporting out data including Excel, CSV and XML.

Can the MMIS Portal still be used for billing?

Currently, the MMIS Portal is still available for billing as a backup method if you are having trouble with certain aspects of the AuthentiCare functionality. Providers are strongly encouraged to use an EVV system (either AuthentiCare or a third-party system) for billing as soon as they are able, as to not impact payment processing when the MMIS is no longer available for billing for the following services:

- Attendant Care - S5125U2
- Personal Care 21 and Over - T1019U3
- Personal Care 21 and Under - T1019
- Respite - S5150

Please note that when a billing cutoff date is determined, providers will be notified via email, the EVV webpage, and verbally in the provider Q&A sessions. Any service that occurs prior to the billing cutoff date can still be submitted via existing means (whether through the MMIS or through a clearinghouse, as it stands today. Beginning on the to be determined date, any service that occurs after that date must be submitted through AuthentiCare - whether directly or via a third-party EVV system.

Is the billing still done in 15-minute increments?

Yes. However, please see the specific updates regarding rounding in the Medicaid Policy Manuals for the associated service being provided:

- ARChoices Section 262.220
- Personal Care Section 262.312

Please note that actual clock-in and clock-out time, not rounded time, needs to be sent to AuthentiCare or your third-party EVV system. Third-party systems are also required to send actual time and not rounded time to AuthentiCare.

What tasks are different between Attendant Care and Personal Care?

The tasks are very similar between Attendant Care and Personal care and are taken directly from the Arkansas Medicaid Policy Manual.

If we choose a third-party vendor, will billing still have to be submitted through AuthentiCare, or can we continue to use our clearing house?

For Personal Care, Respite, and Attendant Care, billing will be required to go through AuthentiCare.

Does the agency have to schedule a service in the AuthentiCare system prior to the visit?

No, scheduling service prior to the visit is optional.

Can a caregiver clock-in / clock-out if they begin work-related services away from the client's service location? For example, picking up groceries or prescriptions for the client?

The caregiver may do activities such as picking up groceries and/or medicine before or after going to the client's residence, as long as it is done in accordance with the Medicaid Provider Manual for the service that is being provided. However, when the caregiver clocks in/out outside of the geo fence (more than 1/8 of a mile) from the client's residence, the system will flag the clock in/out location as out of geo-fence critical exception. In this case, the provider administrator will need to go in to AuthentiCare system as trained to resolve the geo-fence exception by adding a note explaining why the worker was outside of the allowed geofence distance. We recommend caregivers to clock in at the client's home, when possible, to reduce the number of exceptions that will need to be resolved.

Does the AuthentiCare system change the agency's billing and payment schedule?

The AuthentiCare system sends claims to MMIS once daily in the early morning hours. The MMIS financial cycle remains the same as it is right now. In addition, the payment schedule has not changed and will remain the same as it is right now. However, with the EVV system there are additional responsibilities for the agency to confirm their billing through the AuthentiCare system as shown in the training. AuthentiCare sends claims to MMIS once daily, and MMIS adjudicates claims once per week on Friday. The deadline to submit claims is 4:30 pm CST on Fridays.

What are exceptions and what action do they require?

There are two severity levels of exceptions in the AuthentiCare system: Critical and Informational. Critical exceptions must be cleared with a reason code and a note before a claim can be confirmed for billing. Informational exceptions do not need to be cleared before billing; a comment is not required for this type of exception. You will see this information on the claim detail page in AuthentiCare.

Does a caregiver always need to obtain client signature (attestation) after every visit?

Due to COVID-19-related safety concerns, DHS is currently waiving the requirement of client attestation. While it may be required in the future, at this time it is not necessary.

EVV System and Functionality Questions

Is scheduling mandatory?

No, the State did not require scheduling to be mandatory due to both feedback from providers, and project time constraints (mandatory scheduling would have taken additional configuration time). Scheduling is optional.

What is an early visit threshold and why is it set to 7 minutes?

This is relevant if an agency is doing scheduling, which is optional. The State considered an "early visit" to be 7 minutes ahead of the scheduled visit, based on what was gathered from discussions with other states. This is just an informational flag that a caregiver arrived early. It can be used for agencies if they are doing scheduling and want to keep up with how early a caregiver arrives at a location. The same thing applies for a late visit. There is a 7-minute threshold, and it provides a heads up that the caregiver has not yet arrived. Again, this is information for the agency. There is also the "missed visit" informational flag, which was set up for agencies who decide to use scheduling. This notifies the agency at the 30-minute mark if no one has arrived at the visit.

Why is the geofence set at 1/8th of a mile?

DHS did a lot of research and had discussions with other states to set the 1/8th of a mile geofence. This is the generally accepted number among other states who have implemented or are implementing EVV. The geofence is a CMS mandate.

Does AuthentiCare have client attestation?

Yes, the mobile application at clock-out will provide an opportunity for the caregiver to obtain client attestation via e-signature. However, client signatures will not be required at this time due to the circumstances around COVID-19. This could change in the future.

The AuthentiCare IVR (Interactive Voice Response) option also has a client attestation upon check-out feature. If the service performed requires client attestation, the caregiver will be prompted to hand the phone to the client after completing the first steps of an IVR check-out. The client will be prompted to record their first name, last name, and Medicaid ID to attest to a summary of the services provided.

What happens if DHS hasn't extended the authorization (for the new month) and the claim rejects? Will this system automatically rebill once the prior authorization is extended?

In this instance, the claim is marked with an exception, moved from "pending" once an authorization is received, and will need to be confirmed by the provider to be sent for billing.

Will AuthentiCare receive the prior authorizations into their system?

Yes, the authorizations from Acentra, AFMC and the State will be sent to AuthentiCare. This data flows over from the MMIS to AuthentiCare regularly

What documentation would be required in the case of an audit?

Specific documentation required in the case of an audit would depend on the circumstances. It is the responsibility of the agency to provide detailed information if requested by the auditor. AuthentiCare does keep an audit trail, i.e., all visit information, changes, and updates are captured within the AuthentiCare system.

How are clients entered into AuthentiCare?

Clients who have an active Prior Authorization will be automatically uploaded to AuthentiCare from the MMIS on a daily basis Agencies do not need to manually enter clients into the AuthentiCare system.

How do I confirm claims for the same service / same day? What about split shifts?

If you have a worker providing services for a client on a split shift, it is important that you confirm billing after all shifts are completed and recorded to prevent the claim from being denied in the MMIS.

For example:
A worker provides personal care services for a client on Monday from 8:00 am to 10:00 am and then again from 4:00 pm to 6:00 pm.

If the agency confirms and submits billing for the 8:00 am to 10:00 am shift Monday afternoon, AuthentiCare will create a claim Monday night and send it to MMIS. Then if the agency confirms and submits billing for the 4:00 pm to 6:00 pm shift on a later date, it will create a new claim that will appear as a duplicate due to the claim that was submitted on Monday night because it will have the same provider, worker, date of service and service code. Due to this the second claim will be denied in the MMIS.

To ensure all shifts and claims are billed for a single day as explained above the agency must wait and confirm all shifts at the same time, it will combine the units for all shifts provided to the client and create a single claim to go to MMIS.

How do I inactivate a claim in AuthentiCare?

Claims cannot be "voided" or "deleted" in AuthentiCare. If you need to make a claim obsolete, there is an option to "inactivate". Claim data will be retained for audit history but it will no longer be an active claim.

To make a claim inactive in AuthentiCare, navigate to the claim using the search functions on the home page. Select the claim that requires attention, and select the “inactivate” option. In the yellow box, select “Inactive Claim.” A message will pop up asking if you want to make the claim inactive – select “Yes.” Enter a note (i.e., the reason why you need to inactivate the claim) in the box and click save. The claim will then be inactivated, and you can resubmit a new claim with the correct information.

Please note that the “inactivate” process can only be done prior to a billing submission. Once a claim has been submitted for billing and has come back as “paid” or “denied”, it must be voided in the MMIS and any rebilling must be done through your EVV system (either AuthentiCare or a third-party system).

PASSE Questions

As a PASSE, if I want to customize our EVV system, are we able to make any customizations?

Yes, as long as you have the minimum requirements per the State.

If I am a provider agency with PASSE clients, what is the process for submitting PASSE claims (also known as "encounters")?

As a provider agency, you will submit PASSE claims, or encounters, to the PASSE EVV vendors. This data flows to AuthentiCare via a third-party EVV system—in this case, either HHAeXchange or CareBridge, then to the MMIS for payment. Please reference the information below for which PASSE is using which EVV vendor:

- PASSE: Arkansas Total Care, Vendor: HHAeXchange
- PASSE: Empower, Vendor: HHAeXchange
- PASSE: Summit, Vendor: CareBridge