

## **All MCO Response to EVV Implementation Questions**

1. ***One option to use the IVR system is through the members home phone/land line. Does home phone also constitute “cell phone”?***

Yes, if the member's telephone number is on record, it can be a landline or a cell phone. The member must sign an attestation allowing caregiver to use his or her cell phone. Agencies will be required to submit proof of attestation at the request of the MCO.

2. ***If a client has a smart phone can this be used by the caregiver to clock in and out?***

No, a client's phone can only be used with the IVR system if registered with the AuthentiCare system. If the application is being used, the caretaker must have the smartphone

3. ***An issue for all providers and billing will be the ability for the caregiver to select delegated or directed when checking in to the IVR system. An enhancement requested by the providers was to make the IVR system correlate to only what the authorization is for the member thus only allowing either delegated or directed as the model to choose from. When can we get this enhancement completed as this is a major barrier to billing accurately?***

The MCOs have no record of this enhancement being requested as part of the final “must have” enhancements for go-live.

4. ***Will respite be added back to the system or will timesheets still be required thus providers still needing to use their own systems to bill respite?***

There are no plans to include respite as part of EVV at this time.

5. ***It is indicated that the MCOs will individually work with the provider agencies regarding the tablets. Has this been defined and when will this process start?***

Yes. The MCOs are working with a vendor for implementation and on-going management of the tablet process that will begin on August 1.

6. ***Who is the tablet assigned to, the member or the caregiver?***

Tablets will initially be assigned to the agencies. Agencies will then distribute to caregivers. Tablets may not be assigned to members.

7. ***Who will be responsible for the tablets that are assigned to a member/caregiver?***

Agencies will be ultimately responsible for tablets that are assigned to caregivers. Tablets may not be assigned to members

8. ***Who will issue, track and receive back the tablets?***

Agencies will be responsible for issuing, tracking and the return of tablets.

**9. *If a tablet gets damaged, lost or is broken who is responsible?***

Ultimately it is the agency that will be responsible for the tablet, each agency will need to develop work plans to manage tablet inventory internally.

**10. *If a caregiver works for more than one agency will they get 2 or more tablets?***

Yes, this is possible scenario.

**11. *Come June 1<sup>st</sup> if a member/caregiver needs to be assigned a tablet, will they be allowed to still use timesheets until full implementation of tablets by August 1<sup>st</sup>?***

Yes. August 1<sup>st</sup> is the target date for tablets. Timesheets will not be allowed after September 1st.

**12. *If a directed client (with no landline) fires their caregiver and the caregiver was using their smartphone, how long will the client and the provider be allowed to use timesheets until a tablet is issued to the new caregiver who might not have a smartphone?***

Timesheets will not be allowed after September 1st. There is an expectation that caregivers who are part of the member's back up plan will have the necessary technology or equipment to utilize EVV. Agencies should have plans in place to comply with EVV requirements after September 1, 2016.

**13. *If a caregiver works for more than one agency and uses their smartphone at both agencies the assumption is each agency would submit for a stipend for their caregiver. Is this a true statement?***

Yes, this is correct. The MCOs understand that agencies may or may not know if caregivers are employed by other agencies. The MCOs and First Data will develop an automated process that would prohibit the payment of the full stipend amount to the same caregiver. There is no release date for this enhancement at this time.

**14. *Has the amount for the stipend been set?***

Each MCO will be setting their own stipend amount

**15. *Will the MCO be held to a tighter stipulation in getting new and continuation authorizations into the AuthentiCare system?***

There are no changes at this time.

**16. *For the issuance of a stipend for the use of the caregiver's smartphone, what GRT rate will be used? Current location GRT or a flat GRT?***

The stipend rate is considered a pass through from the agency to the caregiver. It is not a reimbursement to the agency and as such no GRT is included.

**17. *How soon will First Data start conducting training's/retraining's for agencies?***

Pending final schedule from FDC, but will be scheduled to facilitate a 6/1/16 'go-live'

**18. Can we get the list of enhancements from October sent to us again and what has been completed that supports our new established direction and timeframes?**



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#### **Additional Questions Submitted on 5/6/16**

- 1. June 1 roll out is just not reasonable. Even with 90 grace period. Suggest at least another 30 days and a July 1 start date with grace period through submission of all October invoices.**

The MCOs do not have flexibility to change the June 1, 2016 implementation date.

- 2. What is the “grace period” for a PCA to clock into a scheduled visit on a delegated client? If it is less than 30 minutes we should request a wider berth. We could also argue that the timeliness of the PCA showing up to scheduled start time should be a performance metric for a provider, but not a billing edit. If the duration of services matches the schedule then that should be enough to validate the claim.**

The “window” for early/late check in is 60 minutes.

- 3. You have this covered but there seems to be no thought given to the delegated consumers and schedules.**

Unable to respond; there is no question asked.

- 4. If the Stipend is paid to the PCA as a “reimbursement” for data charges on their personal cell phone, why is it subject to GRT? It is an expense reimbursement not income or revenue.**

Please see #16 above

- 5. Depending on above question and the mount of the stipend, the IRS may consider the stipend taxable. In which case the stipend reimbursement would need to be grossed up to cover these taxes.**

Please see #16 above