New Hampshire EVV Aggregator Information Session 6/29/2023

Q&A

1. Are there any reconciliation reports to verify as a provider?

   Providers using alternate EVV systems will be given access to the AuthentiCare reporting suite to run reports.

2. Is billing required or optional through AuthentiCare.

   Billing is required to be done through AuthentiCare. The State will not be accepting claims through other methods, with the exception of claim adjustments. The only exception are claims submitted through HHaX that Authenticare will receive the visit data post adjudication.

3. Was or will the presentation be forwarded to the people in this meeting?

   Flyer with information on submission method options and AuthentiCare support contact information will be provided, along with Q and A.

4. Is there a timeline for testing and rollout?

   Please refer to state Website for updated information: https://www.dhhs.nh.gov/programs-services/adult-aging-care/electronic-visit-verification

5. Are specifications available for the interface? If not do you have an estimated timeframe to release them?

   Attestation form (Due by August 1, 2023) needs to be completed prior to prior to contact with Fiserv.   Once an Alternate EVV Vendor/Provider has selected their submission method, they will contact AuthentiCare Support team via email on Flyer. The AuthentiCare team will validate that the alternate system has completed the State's attestation process and provide documentation specific to the transmission method selected.

6. The API will insert new visits, but not update them. is the same thing true for the SFTP method? does this mean that all updates and rebilling need to take place in the AuthentiCare web portal?

   SFTP allows for changes to the visit prior to billing.

   If a claim is denied, the Provider can re-bill the claim via AuthentiCare.

   Adjustments to paid claims will be done directly in Payer system.

7. Can reports be automatically sent to vendor.

There is not currently an automated process for exporting reports directly to Alternate EVV systems. The Provider may schedule reports within the AuthentiCare web portal and then subsequently download the data. State of NH can investigate the automation of report transmission.

8. Does API allow you to make updates to visit when not billed?

AuthentiCare's Aggregator API does not currently support updates to visits before nor after billing. If using the API method, the Provider Agency will need to make necessary changes to the visit within the AuthentiCare web portal at the time when they confirm the claim for billing.

The SFTP method does allow updates to visits prior to billing.

9. Are visits transmitted prior to the visit being completed by the caregiver?

No. Visits should only be transmitted from the Alternate EVV system to AuthentiCare once the EVV is complete, which would include both the check-in and check-out time along with other required data like Client, Worker, Service, and GPS location (Mobile) or Phone Number (IVR).

10. Will there be a pilot time period?

Yes, 11/27/2023- 12/31/2023

11. Are schedules required once schedule is put in place to be submitted ahead of time?

No, schedules captures in Alternate EVV or Provider systems are not required to be transmitted to AuthentiCare.

12. Is onboarding by vendor or by provider

Onboarding for Aggregator connectivity is done per Alternate EVV System/Vendor but AuthentiCare web portal credentialing is Provider-specific.

13. Is testing required once for the vendor, or each provider?

Testing is required once per Alternate EVV System/Vendor.

14. Are the API credentials per vendor or per provider?

API credentials are specific to the Alternate EVV System/Vendor but portal credentials are Provider-specific.

15. Can vendor see the documentation to make the choice?

Yes. Once the onboarding process is initiated, the Alternate EVV System or Provider may request additional specification documents as needed.

16. Who can we have our third-party vendor contact so they can start working on this implementation? Ours is Wellsky and I don't know if they are aware of any of this yet.

    Once the EVV Attestation form has been completed, Alternate Providers can email Fiserv via email on Flyer to indicate the process on how they will submit their data. API, STFP or Web Upload

17. Going back to the API question. If there is an exception for the visit once its submitted that need to be acknowledged, would this be done via the AuthentiCare portal? Can providers acknowledge exceptions in the Authenticare portal?

    Yes, Provider Agency staff will manage exceptions and confirm billing within the AuthentiCare web portal.

18. Can vendors interface differently for one provider (SFTP for ex) and another provider (API for ex)?

    Vendors may use different methods for different providers if desired, however, this approach is not recommended as it will require more work and onboarding time for Alternate EVV systems.

19. For the Attestation Item #5: How is the below scenario handled to adjust the EVV device recorded Check In time to accurately reflect the caregiver's time worked for the shift:
    a. Caregiver arrives at the client's home and the client is in distress.
    b. The caregiver immediately attends to the client and after establishing the client's safety she then checks into her visit on her mobile device.
    c. Her device recorded Check In time is not accurate for when she actually arrived.
        i. Other systems can enter the data. On changes, the office now has to do adjustments. Puts added labor on provider's supervisors.

    Program Integrity requires that only Provider Administrators that makes changes prior to visit confirmation. Providers are ultimately accountable for fraud.

20. What training sessions are planned for providers to learn the system well enough to teach their staff?

    Training schedule will be published shortly. There will be on-site and web-based sessions through go-live.

21. How is the care provider uniquely identified?

    The Worker is identified by their Social Security Number.

22. What are activity codes? Are they like tasks? Are these required? Are Observations/Tasks required?

    Activity Codes are descriptors of the tasks or activities that take place during service delivery, such as Bathing & Grooming, Feeding, or Wound Care.

Observation Codes are predefined notes based on observed behavior or condition of Client/Member, such as Increased Anxiety Level, Difficulty Sleeping, or New Problems with Vision.

Activity Codes and Observations Codes are not required by the State of NH.

23. Want to echo concern of using SSN. This is a highly sensitive number we don't love to share. We don't store it. What is the purpose of using it? Since the state is not paying them, why would that need to be included?

    The state needs to have an ID that is unique to the individual regardless of their Provider affiliation.

24. Are you connecting to the federal SSN system? How would you know if the SSN is correct? Could we just use a unique number we create?

    AuthentiCare is connecting to the Federal SSN system. The state needs to have an ID that is unique to the individual regardless of their Provider affiliation.

25. Workers need to be uploaded by every agency in AuthentiCare regardless if using AuthentiCare or alternate EVV vendor?

    Yes.

26. Why can't the information for workers be added to the visit fields. It is just adding a few fields to the list instead of manual work?

    This is not an option currently.

27. Why would you not utilize the clinician license # instead of the SSN?

    Not all workers using the EVV system have a license number and in order for workers to use the system under multiple agencies there needs to be a single identifier.

28. General Authenticare Question - I know this meeting is specific to NH, do the other states using Authenticare allow the three methods of submission or does it vary from state to state?

    Generally, States use some combination of manual upload, SFTP, and Web Service/API.