

*Visit Verification
System*

VISIT VERIFICATION SYSTEM

MINIMUM STANDARDS REGARDING TELEPHONIC SERVICES

There are various services that could utilize a telephonic service system such as:

- PCS (Personal Care Services)
- ADHC (Adult Day Health Care)
- Clinics
 - Family Planning
 - Mental Health
 - Physician
 - Hemodialysis
 - EPSDT PBS
 - Dental Offices
 - RHC (Rural Health Clinic)
 - FQHC (Federally Qualified Health Center)

Any automated system, at a minimum, should include the following:

1. The ability to provide verification of provider staff when the consumer/client receives services in their home setting (or in a facility/community setting) via a telephonic system from the consumer's/client's home telephone. Business rules will be placed for acceptance and those that don't meet established policy will be handled as exceptions.
2. A telephonic, web-based application, available in real-time for viewing by authorized users.
3. The ability to provide multiple alerts (based on criteria such as " high risk" or "participants who live alone") to identified parties when, for instance, a staff person is late or does not show up for a scheduled service/visit. This could include, but is not limited to, e-mail notification, texting or some other type of alert. *Example: When staff is 15 minutes late, their supervisor is notified; when 30 minutes late, the supervisor's supervisor is notified; when 45 minutes late, the support coordinator is notified, etc.*
4. The ability to provide Medicaid procedure and activity codes that delineate the activities provided by each staff member on each visit.
5. The ability to provide a section for "free text" notes for provider agency and department staff to include narrative notes of the services provided. (This may need to be customized for different services; i.e., health care may need a section that is clinically-based, while waivers would need more of a "free text" narrative section.)
6. The system should include all aspects and components of a service verification system and all provider groups (cross-provider) on a single platform that is web-based.
7. The ability for providers to schedule workers and check actual service schedules against scheduled services. This is an administrative function/requirement for the provider agency.

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8. The ability for all entities (state, providers, and consumer) to have real-time, up-to-date information on the cumulative number of hours already provided and the cumulative number of hours remaining on their service plan. This is an administrative function/requirement for the provider agency.
9. The ability for providers to review, edit, and/or make changes to staff verification when such changes are needed and for an audit trail of all changes that includes the identification of the supervisor or staff person who is making the changes.

Note: These will be sent by alert to Department identified users. These changes shall also be able to be developed in reports to determine trends and patterns for those providers who make changes. The system shall edit based on the plan of care authorizations, overlap rules and other business rules as approved by the Department. All changes in business rules shall have an audit trail for the history of all edits, who changed the edit, what they were changed to and the individual who approved the changes. The history shall also be able to be developed into reports by all data (i.e., approver, edits, date changed, etc.).
10. The ability for data sharing from all sub-systems, including but not limited to, Plan of Care, Pre-Authorization, assessment data and claims billing to the MMIS system. The intent is to provide a completely automated system with no technical gaps that would require manual entry or re-entry to verify services and claims billing.
11. The ability to track claims submission and determine paid, processing, or rejected claims status.
12. The ability for data sharing to provider's payroll, general ledger and any other financial or accounting packages to provide for seamless and automated entry without manual entry or re-entry into those systems. Data sharing should be provided in several formats including, but not limited to EXCEL, comma-delineated spreadsheets, XML, etc. These are administrative functions and responsibility of the provider agency.
13. The ability to extract data through both standard and custom reporting, including, but not limited to data mining of any field within the automated system. System must interface with Department system and allow data extracts as needed.
14. The ability to train Department staff, providers and other parties on the system for role-based usage. Proposer shall provide a plan for initial training for each group and a plan for ongoing support at no cost to the Department.
15. Provide technical and user support as needed during normal work hours and describe how you would correct/assist with issues identified after normal working hour.

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16. Preference shall be given to those who have successful experience with establishment of this type of system with Payers.
17. Providers shall be able to make changes to their staff data.
18. System will be able to import data to validate if the provider/direct service workers have active licenses/certifications.

Facility Based	In Home	there be instances that providers would begin & end service not in the home; and	Service Name	Procedure Code(s)	Login	Log out	Log out w/activities	List Activities	# of recipients	# of services per person
No	Yes	NO - not allowed	EPSDT-PCS		Yes	Yes	Yes			
No	Yes	NO - not allowed	Home Health- OT		Yes	Yes				
			Home Health - PT							
			Home Health -							
			Speech							
			Home Health -							
			Nursing							
			Home Health - Aide							
		No - provider should not pickup or leave recipient in								
No	Yes	community	LT-PCS		Yes	Yes	Yes			
			CC Waiver - Support							
			Coord							
			CC Waiver - Family Support Services							
			CC Waiver - Center Based Respite							
Yes	No	No - facility based only	Mental Health Rehab		Yes	Yes	Not required			
			Early Steps - Support							
			Coord							
			Early Steps - OT							
			Early Steps -							
Yes	Yes		Speech/Lang		Yes	Yes				
			Early Steps - PT							
			NOW - Support							
			Coordination							
Yes	Yes		NOW - IFS/Day							
Yes	Yes		NOW - IFS/Night							

			Nurse Family Partner		
Yes	Yes		Ship	Yes	Yes
			EarlySteps Support		
Yes	Yes		Coord	Yes	Yes
			HIV Support		
Yes	Yes		Coordination	Yes	Yes
			EDA Support		
Yes	Yes		Coordination	Yes	Yes
Yes	Yes		EDA Companion	Yes	Yes
Yes	NO	Only at ADHC	ADHC	yes	yes

- Hemodialysis
- EPSTDt PBS
- Dental Offices
- Family Planning Clinics
- FOHC
- RHC
- Mental Health Clinics
- Physician

NOTE: Maybe we can implement some type way that all Medicaid face to face visits can be validated through the card/thumbprint etc