DHS Responses to Public Comments Regarding Electronic Visit Verification

Luke Mattingly, Care Link CEO/President

Comment:
The hyperlink in section I-2, 145.100, View or print the DHS EVV Vendor contact information, is not functioning.
Response:
We will contact our Vendor who manages the website to ensure the link is working before the document is posted permanently. The contact information for our vendor, Fiserv, can be found on their website at https://www.firstdata.com/en_us/products/government-solutions/health-care/electronic-visit-verification/authenticare.html

Comment:
The federal statute states “to ensure that such system is minimally burdensome”. However, the Arkansas implementation is overly burdensome. For example, requiring personal care aides and service recipients to physically sign after every shift, even if the geofence captured the precise location and the Aide clocked in and out correctly, is not minimally burdensome. One of the benefits of an electronic capture system is to minimize or eliminate such steps. Signatures should only be required for exceptions such as missed clock-in or clock-out or when the system cannot verify data. This just adds another layer of administrative burden and expense that is not necessary, an “electronic signature” is not defined as the actual capture of a physical signature but rather an electronic verification that the service was delivered, i.e. GPS coordinates at a location and from a device registered in the electronic system.
Response:
At this time, the requirement for electronic signatures is considered informational only and will not cause a claim to deny. This change was implemented due to the Public Health Emergency and was communicated to providers.

Comment:
CareLink has no issue with Aides being required to be assigned a Practitioner Identification Number (PIN). However, the state needs to improve the process for attaining the number, for providers to be able electronically search to verify that a number has already been assigned and to check the status of a submitted application. Currently the position of the state is that it can take up to 30-days after an application is received before a number is issued. If the process is not improved, this will ultimately delay services to older people and adults with physical disabilities. Additionally, numerous submissions are past the 30-day time frame and we are simply instructed to resubmit causing more and more administrative burden.
Response:
Currently, DXC’s Provider Enrollment office, along with DMS staff, have processed over 9,000 direct care worker enrollment applications. While some applications may take longer because the application must be returned to the provider due it being incomplete, most applications are able to be worked well within the 30-day timeframe. If you need assistance with the Provider Enrollment Process, please contact Arkansas Medicaid Provider Enrollment at (501) 376-2211 or (800) 457-4544. When prompted select “0” for other inquiries, then “3” for Provider Enrollment.

Comment:
Medicaid reimbursement rate are not sufficient to cover the increased administrative burden of EVV implementation. Although the state is providing a no payment option for the software, the cost of implementing, administering, and maintaining an EVV software system is not covered. The Medicaid reimbursement rate for this service is already loathsome, the EVV implementation is adding significant additional administrative burden without an offsetting rate adjustment further jeopardizing home and community-based services because of rate structure.

Response:
DHS continues to work with Providers to get complete information on revenue versus expense to complete a rate study. We also continue to evaluate the impact of minimum wage increases on this rate, as well as the impact of purchasing additional equipment for EVV implementation.

Comment:
Also, Aides are minimum wage or close to minimum wage employees and the state expects them to possess a smart phone with a data plan in order to successfully utilize the ap for the EVV system, the method to obtain geofencing (GPS coordinates). The current reimbursement rate does not provide for any wage offset to recognize this cost to Aides

Response:
While some providers may choose to provide smartphones to their employees, Arkansas has implemented an IVR methodology that allows EVV claims to be submitted using a landline telephone. However, as noted above, DMS is considering the financial impact of EVV implementation on providers.