DDD SHOUT
PROVIDER NEWSLETTER

Volume IX - June 2020

COVID-19 Update

The health and safety of our members, their families and the professionals that support them continue to be DDD's top priority. The Division regularly updates guidance based on Centers for Disease Control and Prevention (CDC) and Arizona Department of Health Services (ADHS) recommendations. DDD updates existing documentation based on new information and publishes guidance related to new topics.

Assessing Risk for DDD Members Who Are at Higher Risk for Severe Illness from COVID-19

DDD published new guidance related to accessing the risk for DDD members who are at higher risk for severe illness from COVID-19 on Monday, June 15, 2020. The purpose of this **guidance document** is to provide assistance for vendors and other planning team members to identify DDD members who are at higher risk for severe illness or members who need extra precautions related to their potential exposure to COVID-19 and to help create plans that support the health and safety of members and staff during the COVID-19 emergency.

Updated Guidance for Congregate Settings

DDD first published **guidance for congregate settings** on April 3, 2020, and has since updated it six times based on new recommendations. The last update was published on June 2, 2020. The latest version incorporates new guidance for a variety of topics impacting congregate settings including:

- Clarified guidance tailored for residential settings versus center-based sites.
- Recommendations for conducting health checks for staff and visitors.
- Suggestion that all members who are able wear cloth face coverings.
- Direction that all staff wear cloth face coverings while working.
- Enhanced direction for cleaning and social distancing in shared spaces.
- Tips for managing member and staff stress during the COVID-19 pandemic.

Updated Guidance for Positive COVID-19 Reporting and Technical Assistance

The Division has updated the guidance previously made available regarding vendor responsibilities and the process to report members who test positive for COVID-19.

The **updated guidance** includes additional information that must be submitted by the vendor when reporting including:

- The Designated Program Lead's email address and phone number.
- The address of the service site where the member or staff was receiving/providing services when identified as positive.
- Site code (group home only).

- The AHCCCS ID of any other DDD members living at the same home or attending the service site where the member/staff members were receiving/providing services when identified positive. (Due to confidentiality, please do not list other member names on the Incident Report.)
- Any other services that the vendor is aware of, that were delivered to the member 14 days prior to the positive test.
- Any other vendors/service providers that the vendor is aware of, that provided services to the member 14 days prior to the positive test.

Additionally, the updated guidance includes clarification regarding to whom and by when the vendor must disclose the number of diagnosed cases and deaths by COVID-19 occurring within the home.

Incident Reporting Process

The Division of Developmental Disabilities is updating how Incident Reports are submitted to the Division. Currently, Incident Reports (IR) can be submitted by calling the Division's incident reporting line or by sending them via email to the appropriate District Quality Assurance Unit's IR mailbox.

Beginning Wednesday, July 1, 2020, DDD will launch a new online IR submission process integrated into Focus as a separate "Incident Management" application. The new application will be live in Focus beginning Wednesday, July 1, 2020. Users will have the option for "Incident Entry," allowing them to enter IRs directly using standardized fields. Additionally, users can see "My Incidents," that will show recent IRs entered allowing for internal tracking and trending of each vendor's own incidents.

This will streamline the process for submitting IRs. The new online form will have fields for all required information. Accurately completing these fields will reduce the need to provide additional information about the incident that may be omitted through email submission. Using the online application will ensure incidents are being submitted only once and will allow for timely IR triage by Division Quality Management clinical staff. A user manual that illustrates the new application is **available for download here**. A video demo of the new system will be complete this week and will be communicated via vendor announcement. If you have any questions regarding the new Focus application, please submit them using the **form available here**.

Additionally, the Division has created a **PDF refresher** for Qualified Vendor and Provider staff about incident reporting. It is designed to provide more clarity on what should be reported and when. The information also outlines QM's role in triaging the incidents and determining whether a Quality of Care (QOC) concern exists.

Please share this information with all staff members within your agency. The same PDF is being shared internally with DDD staff and a new computer based training is being created that all staff will be required to complete by the end of July 2020. It is crucial that all professionals providing support to DDD members understand the Incident Reporting process, so we can maintain the health and safety of the members we serve. If you have any questions, please contact Chief Quality Officer, Bobbie Ellerston, at **rellerston@azdes.gov**.

AHCCCS Electronic Visit Verification (EVV) Provider Agency Webinar

In an effort to accommodate for delays due to the COVID-19 response efforts, AHCCCS is postponing the compliance date for EVV from October 1, 2020 to January 1, 2021. Beginning, January 1, 2021, all providers subject to the EVV requirements must use EVV to verify service delivery. AHCCCS is using EVV to help ensure, track and monitor timely service delivery and access to care for members. This means AHCCCS wants to use EVV to make sure members get the services that they need when they need them. AHCCCS' contracted vendor, Sandata Technologies LLC, will deliver the EVV system and associated devices, as well as provide system orientation and training to providers.

AHCCCS has posted the Alternate EVV vendor system and technical specification requirements to the AHCCCS website for those providers choosing to use an alternate vendor from AHCCCS' selected vendor, Sandata Technologies LLC. More detailed information can be found on the EVV webpage (**www.azahcccs.gov/EVV**) under the "Alternate EVV System Requirements and Technical Specifications" tab.

To support providers who plan on using alternate EVV Systems, AHCCCS is hosting a provider agency webinar to address questions about the Alternate EVV System Requirements and Technical Specifications. **The webinar is scheduled for June 30, 2020 from 9:00 a.m. - 11:00 a.m. Please click here to register for the webinar**.

Please send questions that you would like AHCCCS and Sandata to discuss during the webinar to **evv@azahcccs.gov**.

Fraud, Waste and Abuse (FWA)

Program Integrity

The Centers for Medicare and Medicaid Services (CMS) define Medicaid Program Integrity as the "…planning, prevention, detection, and investigation/recovery activities undertaken to minimize or prevent over-payments due to Medicaid fraud, waste or abuse." Each state's Medicaid agency is responsible to develop a program integrity plan that identifies strategies and allocates resources dedicated to the oversight of compliance with program integrity.

The AHCCCS Office of Inspector General (OIG) is the state agency responsible for investigating provider and member fraud, waste and abuse. The Inspector General has full subpoena power and the authority to administer oaths. Once a program integrity case has been confirmed, the Office of the Inspector General is empowered to impose civil monetary penalties in an amount up to $2,000 for each improper claim line, together with an additional penalty not to exceed twice the amount claimed and investigative costs. The OIG also has the authority to exclude a provider from participation in the AHCCCS system. The OIG works closely with the Attorney General's Office and the County Attorney's Office in the prosecution of cases involving member and provider fraud.

The AHCCCS Program Integrity Plan has the following components:

Fraud Detection and Prevention - Fraud is "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to them or some other person."

Coordination of Benefits - With the exception of KidsCare, it is permissible for an AHCCCS Medicaid member to have private commercial coverage in addition to having coverage through AHCCCS. However, under federal law, AHCCCS in all but a few instances is the "payor of last resort," meaning that if an AHCCCS member has other insurance coverage, that insurer must pay for the medical expenses incurred. Through the AHCCCS prepayment coordination of benefits process, roughly $1.3 billion in health care expenses are covered by other carriers, including Medicare.

Post-Payment Third Party Liability - AHCCCS and its contracted Managed Care Organizations retain resources to pursue post payment recoveries associated with events like accidents that involve future settlements or payments. Portions of these can be used to offset the costs previously covered by AHCCCS.

Proper Claims Editing Capability - AHCCCS and its contracted Managed Care Organizations have edits built into their billing systems that actually prevent reimbursement of uncovered services or erroneous claims. For example, the system has an edit to prevent a health plan from paying for a birth to a male member. System checks also identify issues like up-coding, where a provider uses a higher paying billing code inappropriately. These types of claim reviews are the most common concerns with respect to maintaining program integrity.

AHCCCS Provider Enrollment Portal (APEP)

On August 31, 2020, AHCCCS will launch the AHCCCS Provider Enrollment Portal (APEP). APEP is an online provider enrollment system that will allow providers to enroll as an AHCCCS provider, update provider information and upload HCBS certificates. Until APEP goes live, the DDD Office of Licensing Certification and Regulation (OLCR) will continue to forward HCBS Certificates and provider enrollment documents directly to AHCCCS. After APEP goes live, OLCR will no longer be able to forward HCBS certificates and provider enrollment documents to AHCCCS on behalf of providers. It will be the provider's responsibility to enroll directly with AHCCCS. Provider Type 39 and Provider Type 25 providers will continue to need a valid HCBS Certificate to enroll or maintain enrollment. Learn more at **https://www.azahcccs.gov/ PlansProviders/NewProviders/APEP.html**.

Attorney General's Office Webinars

The Arizona Attorney General's office has published several webinars on a wide range of topics. Each webinar is focused on a topic specific to consumer protection. Examples of available topics include:

- Consumer Scams Involving COVID-19
- Internet Safety for Parents and Children
- Anti-Bullying for Parents and Children

The webinars are free to view and can be found on the Attorney General's website at **https://www.azag.gov/outreach/webinars** in the Recorded Webinars section.

CARES Act Economic Impact Payments

According to Arizona Attorney General Mark Brnovich, Medicaid-funded facilities cannot take CARES Act Economic Impact Payments made to residents of assisted living facilities and nursing homes. Facilities and homes do not have a lawful claim on those funds and cannot take the money unless the recipient freely chooses to use the money to pay bills.

Under the CARES Act, an Economic Impact Payment made to an individual is not taxable income; it is a tax credit. It is therefore exempt from the income rules for Medicaid. It is also exempt from savings limitations for twelve months. Money from Economic Impact Payments paid to residents of assisted living facilities or nursing homes belongs to the residents.

DDD Town Hall Meetings

The Office of Individual and Family Affairs (OIFA) has been hosting weekly town hall meetings for members, families and providers since the beginning of April. **The next town hall meeting will be held on Thursday, June 18, 2020, from 6:00 p.m. to 8:00 p.m.**

The information for accessing the meeting is listed below:

WebEx: **https://azgov.webex.com/azgov/j.php?MTID=m037e2978d9afd07849d23b1fb627a6c9**

Phone: 602-666-0783 and use Access Code: 283 462 328

Please share this information with the members and families you serve and encourage them to participate.

Get Caught Up

Did you know the Division posts PDF versions of vendor announcements and editions of the Shout on the web? Get caught up on all of the recent vendor communications and stay informed, **https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/vendor-announcements**.

If you have any information that you would like to see in the DDD Shout, please email your suggestions to **DDDCommunications@azdes.gov**.

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