



Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program



EVALUATION REPORT

Submitted to the Governor, the President of the Senate, and
the Speaker of the House of Representatives

February 1, 2011



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Acronyms and Abbreviations

Agency-The Florida Agency for Health Care Administration

ALTD-Alternative Location Tracking Device

CMS-Centers for Medicare and Medicaid Services

FMMIS-Florida Medicaid Management Information System

HCAF-Home Care Association of Florida

HIPAA-Health Insurance Portability and Accountability Act

HP-HP Enterprise Services

ITN-Invitation to Negotiate

IVRA-Interactive Voice Response Authentication

MPI-Medicaid Program Integrity

QIO-Quality Improvement Organization

SFY-State Fiscal Year

SPM-Santrax Payor Management System

EXECUTIVE SUMMARY

Background

In 2009, the Florida Legislature directed the Agency for Health Care Administration (Agency) through Senate Bill 1986 to develop and implement a home health agency monitoring pilot project in Miami-Dade. The language was incorporated into section 31 of Chapter 2009-223, Laws of Florida (See Appendix A). The bill authorized the Agency to competitively procure a contract with a vendor to verify the utilization and delivery of home health services and provide an electronic billing interface for home health services. In accordance with Section 31 of Chapter 2009-223, Laws of Florida, the Agency evaluated the Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program for the purpose of submitting a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Through a competitive procurement process, the Agency contracted with Sandata, LLC to operate a program in Miami-Dade County to verify the utilization and delivery of home health visits reimbursed through the Medicaid program. The program requires providers to submit claims for home health visits electronically through the vendor's system. Home health visits are verified by telephone using a technology called "voice biometrics." Sandata's Santrax Payor Management (SPM) System maintains databases for each home health agency in the program pilot area. The databases contain information on home health agency staff, recipients, service authorizations, visit schedules, visit verification and billing activity. Each home health agency logs in to the SPM System to access its database.

This program provides the Agency with more tools to detect the appropriateness of service provision and to hold home health agencies accountable for providing authorized services. In addition, the data obtained through the SPM system will enable the Agency to better track quality of service to ensure that our most vulnerable population gets the services needed. Many of the data elements that are now available through the SPM system had not been available to the Agency prior to implementing this project and will help drive future policy decisions.

Sandata receives data feeds from the Florida Medicaid Management Information System (FMMIS) that contain prior authorization information for home health visits granted to home health agencies in Miami-Dade County. When the nurse or home health aide arrives and leaves the recipient's residence, he or she calls a toll-free number assigned to the home health agency, enters a unique staff identification number, and completes the speaker verification process. The voice of the nurse or home health aide is matched to a pre-recorded voice print to verify that the assigned staff is providing a home health visit to a specific recipient. This accomplishes the voice biometrics component of the program.

Once a home health visit has occurred and the verification process is complete, Sandata's SPM System generates the claims file. Each provider is responsible for reviewing the claims in its SPM System database and giving approval for Sandata to

electronically transmit the claims to the Florida Medicaid fiscal agent. Providers may have claims submitted through the SPM System daily or as often as desired. FMMIS will deny claims for home health visits in Miami-Dade County if the claims are not submitted through Sandata's SPM System.

The program began July 1, 2010 and the results in this evaluation are reflective of paid claims for the first quarter of SFY 2010-2011. It should be noted the Medicaid providers have 12 months from the date of service to file claims for reimbursement. This complicates expenditure analysis since some providers have yet to bill Medicaid for services rendered since the program began due to unresolved visit exceptions (see description in the following paragraph). Lastly, there have been multiple efforts by the Agency to combat fraud and abuse in the program pilot area, so it is difficult to establish a single causal relationship between the decrease in expenditures for home health visits in Miami-Dade County and the implementation of the Telephonic Home Health Services Delivery Monitoring and Verification Program. The concurrent implementation of a second pilot project in Miami-Dade County, Comprehensive Care Management, which includes face-to-face assessments conducted by nurses in recipients' residences to validate medical necessity for home health visits, makes it more difficult to determine a one-to-one impact.

Findings

The Agency has already experienced successes since the program began operating on July 1, 2010. Medicaid expenditures for home health visits have decreased in Miami-Dade County and statewide since 2009 due to the Agency's onsite reviews of home health agencies in Miami-Dade County conducted during State Fiscal Year 2009-2010 and strict enforcement of the prior authorization requirements for home health visits. Medicaid expenditures in Miami-Dade County for home health visits have decreased by over 35% since SFY 2006-2007, representing over \$23 million in savings to the State of Florida, and continue to decrease since implementation of this pilot project. While the Agency ensures all medically necessary services are available, the number of Medicaid recipients receiving home health visits has also decreased, and there are fewer home health agencies in Miami-Dade County providing home health services.

After six months of program operations, an increasing percentage of visits are being automatically verified in the SPM system and an increasing number of home health providers are successfully submitting claims through the SPM System. However, visit exception rates remain high. Exceptions are generated when the required elements to verify a home health visit in the SPM system do not align. Specific data elements needed to verify a visit are: 1) recipient information; 2) service authorization; 3) staff-speaker verification; and 4) schedule. The three issues that generate the largest number of exceptions at this time are:

- Visits not being scheduled in the SPM System
- Incorrect recipient phone numbers in the FMMIS
- The length of the visit was more or less than the scheduled times in the SPM system.

Next Steps

Based upon the initial outcomes of this evaluation, the Agency has identified several process steps to enhance operation and ensure value:

- Establish acceptable rates or ranges for visit exceptions in the SPM System;
- Impose sanctions for providers who fail to competently participate in the program (e.g., failure to schedule visits and not following protocols for using the SPM System);
- Use data obtained from this program for future policy development, (e.g., service quality, reimbursement methods, etc.);
- Establish a reliable and effective process to update recipient telephone number data, particularly for dually-eligible recipients of Medicare and Medicaid;
- Establish a direct data feed of home health visit authorization data from the Agency's contracted quality improvement organization to Sandata, LLC. This data feed would supplement the authorization files Sandata receives from FMMIS, and provide detailed visit frequency to strengthen visit limitations in the SPM System and simplify the visit scheduling process for service providers;
- Evaluate any changes in expenditures, number of enrolled providers, and recipients receiving services in surrounding counties to determine whether this pilot has impacted utilization rates in those counties; and
- Continue to review and evaluate claims data and data received from the SPM System to determine whether expanding the pilot into other areas of the state would be beneficial and provide cost savings.

Many of these recommendations are already being implemented by the Agency, which will continue to strengthen the program and build on its successes.

This initial evaluation of the Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program indicates that the incorporation of a web-based system that includes recipient, provider, service authorization, and scheduling information, combined with the use of voice biometrics, not only supplements physical documentation of delivery and utilization of home health visits, but also provides the Agency with tools to effectively monitor the provision of home health visits to Medicaid recipients. More importantly, the program has great potential for reducing fraud and abuse in Florida Medicaid by reducing the submission of claims for services that were not provided. As the program moves toward completion of its first year of operation, and the Agency implements activities to increase provider compliance and strengthen the program, it is anticipated that the Agency will have access to more detailed data to assist with policy development, and experience continued reduction of Medicaid expenditures for home health visits in Miami-Dade County.

BACKGROUND

In 2009, the Florida Legislature directed the Agency for Health Care Administration (AHCA or the “Agency”) through Senate Bill 1986 to develop and implement a home health agency monitoring pilot project in Miami-Dade. The language was incorporated into section 31 of Chapter 2009-223, Laws of Florida. (See Appendix A). The bill authorized the Agency to competitively procure a contract with a vendor to verify the utilization and delivery of home health services and provide an electronic billing interface for home health services. The contract required the creation of a program to submit claims electronically for the delivery of home health services. Additionally, telephonic verification of visits for the delivery of home health services was required, using a technology called “voice biometrics.”

Home health services are delivered as a home health visit, which is a face-to-face contact between a direct care service provider, such as a registered nurse, licensed practical nurse, or qualified home health aide, and the recipient at the recipient’s place of residence. A home health visit is not limited to a specific length of time, but is defined as the length of time needed to provide the medically necessary nursing or home health aide service(s). Recipients are limited to four (4) intermittent visits per day with any combination of nursing and/or home health aide visits. Home health visits must be provided through a Medicaid enrolled licensed home health service provider. (Please refer to Appendix B for detailed descriptions of home health services.) All services must be authorized by the Agency’s contracted quality improvement organization (QIO) before being provided.

The Agency maintains the Florida Medicaid Management Information System (FMMIS) that contains recipient and provider information, and claims data. The Agency’s contracted QIO interfaces with the Agency’s Medicaid fiscal agent, HP Enterprise Services, to generate a prior authorization number for home health visits. The FMMIS contains information about each service provider that allows the system to generate a service authorization with service provider and recipient specific information. Once providers receive these service authorizations, they are allowed to begin delivery of the services. Services are to be provided in accordance with the schedule and units specified in the service authorization.

DESCRIPTION OF THE PROGRAM

The primary purposes of the Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program are to 1) track the time spent in the home by a person providing home health visits; 2) verify that those visits occurred as reported by the home health service provider and as authorized by the Agency's QIO; and, 3) electronically submit claims to the Agency's fiscal agent. The system interfaces with the FMMIS to electronically submit claims based on verified service delivery and produces exception reports for services not delivered as authorized.

The goal of the Telephonic Home Health Services DMV Program is to ensure that the Agency pays providers only for approved services rendered by appropriate home health agency personnel while in the recipient's home. By employing verification of services prior to payment of claims, the Agency will be able to ensure that Medicaid recipients receive home health care services as authorized. The expectation is that fraud and abuse will be reduced significantly by these visit verification efforts.

With the expansion and growing need for in-home care and services to Medicaid recipients, it becomes increasingly important to have assurances that care is being delivered properly and that publicly-funded resources are being managed and spent appropriately. Through the Telephonic Home Health Services DMV Program, the Agency sought to contract with a vendor to operate a program that would achieve the following:

- Reduce inappropriately billed home health services;
- Generate cost savings to the Agency and to the home health service providers due to improved efficiencies and reduced paperwork;
- Improve quality assurance through a unified view of home health care activities across multiple agencies;
- Assist home health service providers in identifying and responding to unmet recipient needs (missed visits, late visits);
- Capture visit and scheduling information in order to identify deficiencies;
- Create a single composite view of home based care delivery for improved data collection and evaluation;
- Present data to assist policymakers in developing strategies to address gaps in the delivery of home health services;
- Enhance the effectiveness of home health provider administrative processes, (e.g., invoice and billing, scheduling, and documentation of service delivery);
- Automatically capture and electronically submit claims with accurate dates and times of service; and
- Permit direct care providers to easily report information about the supports and services they have provided in a central location.

Through competitive procurement (AHCA ITN 1004), the Agency entered into a contract with Sandata, LLC for the development, implementation and on-going management and operation of a home health service verification monitoring pilot project in Miami-Dade County, Florida, that uses an interactive voice response authentication (IVRA) system to improve the delivery of home health services. See Appendix C and D for a summary of the procurement and implementation activities. Sandata also provides an automated system that tracks times of service delivery and provides information for electronic billing. This system, combined with IVRA technology, is an integral part of increasing accountability for home health service delivery and providing a tool for quality assurance.

Sandata, LLC provided services required for development, implementation and on-going operation of the Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program:

- System with the capacity to automatically capture and accurately invoice in-home service visits with recipients. The SPM system integrated real-time system data with service authorization database files and a web interface to provide time and attendance tracking, a calendar/scheduler and invoicing functions directly pertaining to the provision of those specifically designated services paid through Medicaid.
- System through IVRA that permitted direct care providers to report information about the supports and services they had provided;
- A formal service delivery verification process that alerted home health service providers when a service delivery failure occurred for any recipient targeted for increased monitoring because health and/or safety was jeopardized by a missed service visit;
- IVRA host system(s) that are available 99.9% of scheduled uptime, twenty-four (24) hours a day, seven (7) days per week;
- Training to home health services providers and state office staff on the use of the IVRA system;
- U.S. based toll-free telephone line for participating home health service providers to record services provision data twenty-four (24) hours per day, seven (7) days per week, (excluding Agency agreed upon downtime for routine system maintenance); and
- A U.S. based toll-free telephone number connected to a Florida-based help desk staffed by English and Spanish-speaking staff that provide technical assistance to users experiencing problems using the system.

PROGRAM IMPLEMENTATION

Outreach and Education:

The Agency, in collaboration with Sandata, used a myriad of communication vehicles for provider outreach in preparation for the July 1, 2010, implementation date. With fewer than three months between contract execution and the beginning of the program, intense and quick outreach was a necessity. Sandata launched the program website (www.sandatafl.com) on April 27, 2010 (See Appendix E).

The majority of outreach and education activities were directed to home health agencies (providers) and recipients of Medicaid home health visits. However, the Agency also included outreach to its staff through publications and presentations, and to the home health industry association, Home Care Association of Florida, to provide information about the program and request its assistance in sharing information about the program with its membership of home health agencies. In addition, Sandata recruited a provider pilot group that met at the Medicaid Area 11 Field Office in Miami on May 6, 2010 to give input on training and other communication materials.

Training Activities:

Great emphasis was placed on training the home health agencies. Sandata partnered with HP Enterprise Services (HP) as a subcontractor to oversee all training and outreach activities, which provided additional support for the project. The formal training was a two day, in-person training. During the first day of training, information was presented with a lecture style delivery method that included PowerPoint presentations. The second day of training provided participants with hands-on practice using Sandata's Web-based system. Additional educational and outreach opportunities included several topic-specific Webinar sessions that focused on critical elements in the adoption of the system by home health service providers.

Registration:

Since training of providers was considered crucial to successful pilot implementation, registration was required for all in-person sessions and the Webinar sessions provided during the week of June 21, 2010. Registration was accomplished through the program's website. An extensive outreach effort was undertaken to get home health providers to register for training. Those efforts included an initial invitation letter sent to the home health agencies in the pilot area, a second reminder invitation letter for providers that had not registered for training prior to June 16th, as well as independent efforts by the Agency and Sandata (via phone calls and e-mails) to encourage a 100% registration rate for the 2-day in-person training sessions. To assist with outreach efforts, HP provided daily registration reports that were used to compare training registrations against the Master Provider List. Providers that made errors in the registration process were also contacted via phone to confirm their registration.

Registration and Attendance Statistics:

- 283 of 345 (Medicaid enrolled at time of program implementation) home health agencies in Miami-Dade registered for 2-day in-person training sessions; 261 (92%) agencies attended. An additional 19 home health agencies attended the 2-day in-person training sessions without prior registration.
- 645 individuals registered for 2-day in-person training sessions; 577 (89%) attended.
- 546 Webinar registrations were received for 10 webinars conducted during the week of June 21, 2010; 355 (65%) attended.
- 175 Webinar registrations for Director of Nursing sessions; 119 (68%) attended.

Systems Development and Testing:

Several systems changes within FMMIS were required to permit Sandata to receive information necessary to populate its Web-based Santrax Payor Management (SPM) System with the data necessary for home health visit scheduling, maintenance, visit verification and electronic submission of claims to the Medicaid fiscal agent. Furthermore, system edits were required in FMMIS to deny claims for reimbursement of home health visits provided by home health agencies in Miami-Dade that were not submitted through Sandata. These system edits were vigorously tested to confirm that claims for home health visits provided by home health agencies in the pilot area would be denied payment if not submitted through Sandata.

Implementation Challenges:

- ***Systems impacts to the Florida Medicaid Management Information System (FMMIS).*** The DMV Program requires data feeds of files including prior authorizations, recipient and provider information to be transmitted from FMMIS to Sandata. Additionally, system edits had to be created in FMMIS to deny claims if the claims were not submitted through the Santrax Payor Management System. The Agency management team provided executive support to meet the technical requirements of the program.
- ***Inaccurate recipient telephone numbers in FMMIS.*** For approximately one-third of the recipients receiving home health visits from home health agencies in the program pilot area, the telephone number in FMMIS was incorrect. The FMMIS receives this information via data feeds from the Department of Children and Families' FLORIDA system and the Social Security Administration. Recipients are not required to have telephones to receive Medicaid services; thus telephone numbers are not a critical eligibility criterion and recipients often do not update the information as it changes. Providers were asked to encourage their patients to inform Medicaid of their current phone number.
- ***Provider compliance.*** Providers were advised in April 2010 via written notification letters and the program website www.sandatafl.com that the DMV program was starting on July 1, 2010. However, a significant number of

providers did not provide information regarding their home health agency and staff that was necessary to establish the provider databases in Sandata's Web-based system. To address this challenge, the Agency conducted aggressive follow-up using written correspondence and follow-up calls to non-compliant providers. Additionally, Sandata conducted training sessions, Webinars and provided one-on-one assistance to home health agencies who did not previously participate in training, and extended customer service hours to facilitate troubleshooting and quick responses to questions from providers.

The Agency and Sandata worked together to ensure that the implementation activities were completed in time to meet the July 1, 2010 program implementation date. Sandata's onsite contract manager in Miami provided additional assistance by serving as a liaison between Sandata and the home health providers. Upon completion of implementation activities, seventy-five percent (75) of providers had attended in-person training sessions and Sandata had established a database within its SPM System for each home health agency in Miami-Dade County.

MAJOR PROGRAM COMPONENTS

The Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program consists of several major components. They include: Santrax Payor Management (SPM) System, Speaker Verification, Electronic Submission of Claims, Customer Service, Training, Reporting and Data Downloads. Detailed descriptions and explanations of how each component contributes to the program are provided below.

Santrax Payor Management (SPM) System

The SPM System is a Web-based system which receives data feeds from FMMIS with daily information of approved prior authorizations for home health visits, as well as provider and recipient data.

- Each home health agency has a database within the SPM System that contains its staff, recipients, authorizations, and visit schedules.
- Office staff at each home health agency log onto the SPM System to schedule authorized home health visits for Medicaid recipients.
- Each home health agency has assigned toll-free numbers (English and Spanish) for staff to use for speaker verification.
- To bill for a home health visit, four elements must align:
 1. Recipient
 2. Service Authorization
 3. Staff-Speaker Verification
 4. Schedule
- If all elements do not align, an “exception” results for the visit; exceptions must be resolved by the provider’s director of nursing (DON) before billing can occur. The most frequent exceptions are:
 - Unscheduled Event (Visit not scheduled or mismatch to scheduled visit)
 - Unknown Client (Incorrect recipient phone number)
 - Actual visit time more or less than scheduled
- Sandata electronically transmits claims for verified visits to the Medicaid fiscal agent after the provider has created and submitted invoices in the SPM System.

SPM System Process Overview



Sandata receives a daily electronic feed that contains authorizations for home health visits from FMMIS which is then loaded onto the SPM System. On a weekly basis, Sandata receives an electronic data file containing recipient information (e.g. name, Medicaid ID, address, phone number, etc.) from FMMIS. Provider information is transmitted as changes in their data (e.g., address, telephone number, and owner) are processed. The provider's database within the SPM System is then updated to reflect new information.

The maximum units of service that have been authorized are displayed and tracked against the units of service that have been used. The SPM System does not permit providers to schedule visits that have not been authorized, nor may providers assign staff members that are not available (i.e., have been scheduled to provide other visits at the same time) or properly credentialed (e.g., a home health aide may not be assigned to perform a skilled nursing visit) to provide a home health visit.

Speaker Verification (Using Interactive Voice Response Authentication)

When the home health agency's staff arrives at a recipient's home to provide a home health visit, the staff uses the recipient's phone to call the home health agency's specific toll-free number. Interactive voice response authentication (IVRA) technology is used to verify that the voice of the staff calling in at the beginning of the visit and calling out at the end of the visit matches the staff's previously recorded voiceprint. The use of IVRA technology fulfills the requirement that voice biometrics be part of the program.

If a recipient does not have a telephone, or refuses to allow the staff to use his or her phone, Sandata has an alternative location tracking device (ALTD) that is used to track the date and time of visits. The nurse or home health aide presses the button on the device at the beginning and end of the visit and records the six-digit codes that appear on the screen. The codes correspond to the date and time of the visit. When the visit has been completed, and the nurse or home health aide has access to a phone, he or she will call the home health agency's toll-free number, and complete the speaker verification process. When prompted, the nurse or home health aide will enter the codes from the ALTD (see Appendix F). This maintains the voice biometrics component of the program.

Electronic Submission of Claims (Billing)

When an authorized home health visit has been provided as scheduled to the recipient, the visit is deemed to be validated, and is ready to bill. The Santrax Payor Management (SPM) System generates the claims file and electronically submits the claims to the Medicaid fiscal agent. Claims can be submitted as often as the provider desires. The systems edits made to the FMMIS cause denial of claims for reimbursement of home health visits provided by providers in the pilot area if they are not submitted through the SPM System. Providers may check the FMMIS Web Portal to confirm payment just as they would for any other Medicaid claim.

Customer Service

Customer service is an important component of the DMV Program. Sandata's customer service center is located in Tallahassee and is staffed by four full-time customer service representatives, two of whom are bilingual in English and Spanish. Customer support is available to home health providers from 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding State observed holidays. Since implementation, the customer service center has met all contractually required service levels (i.e., 90% of calls are answered within 30 seconds and less than 10% of calls are abandoned or rolled to voicemail).

The most frequent reasons for provider calls to customer service are:

- Visit maintenance;
- Speaker verification;
- Billing export;
- Scheduling; and
- Invoicing.

In addition to answering incoming calls from providers, customer service representatives also make outgoing calls to providers to assist the Agency in outreach efforts. These outgoing calls have been made to providers to make them aware of outstanding exceptions, billing activity (or non-activity), and to offer training.

Ongoing Training and Outreach

After the initial training provided during the program's implementation period, home health providers were given opportunities to receive training on specific topics. These one-on-one Webinar training sessions are typically an hour in length, and deliver training targeted specifically to a particular home health agency's needs. From August through November, seventy-six sessions were scheduled, and of these forty sessions were completed. The remaining sessions were rescheduled or cancelled by the providers.

In addition to these individual training sessions, providers receive updates and notifications via e-mail and through the Santrax Payor Management (SPM) System.

Reporting and Data Downloads

On a monthly basis, Sandata provides reports that detail various program activities such as provider participation, service authorization numbers, billing and invoice activity, visit schedules, visit verification rates, and information on visit exceptions. In addition to these contractually required reports that Sandata submits to the Agency, each home health agency in the program has the capability to create reports from its individual provider database within the SPM System. While home health providers may only access their own database in the SPM System, the Agency for Health Care Administration staff can sign onto the SPM system and view information on all providers. This allows the Agency to view real time data and download reports that can be saved in various formats for analysis.

EVALUATION METHODOLOGY

In order to evaluate the effectiveness of the program, the Agency evaluated Medicaid home health visit data to assess the impact of the pilot to reduce fraud and abuse. This was accomplished by assessing trends in Medicaid expenditures for home health visits; the number of Medicaid enrolled home health agencies providing home health visits; the number of recipients receiving home health visits; and the average number of visits per recipient.

Data Sources

The data source for this report is the Florida Medicaid Management Information System (FMMIS) and the extracting tool used was the Florida Medicaid Data Warehouse/ Decision Support System (DSS), which is a relational database that allows Medicaid data analysis based on paid claims data. The reported data is for the home health visit procedure codes T1030, T1031, T1021 and the associated modifiers.

Table 1: Home Health Visit Procedure Codes

CODE	MODIFIER 1	MODIFIER 2	DESCRIPTION OF SERVICE	MAXIMUM FEE
T1030			Registered Nurse (RN) Visit	\$31.04/per visit
T1030	GY		Registered Nurse (RN) Visit to Dually-Eligible Recipient	\$31.04/per visit
T1031			Licensed Practical Nurse (LPN) Visit	\$26.19/per visit
T1031	GY		Licensed Practical Nurse (LPN) Visit to Dually- Eligible Recipient	\$26.19/per visit
T1021	TD		Home Health Aide (HHA) Visit—associated with skilled nursing services	\$17.46/per visit
T1021	TD	GY	Home Health Aide (HHA) Visit—associated with skilled nursing services to Dually-Eligible Recipient	\$17.46/per visit
T1021			Home Health Aide (HHA) Visit—unassociated with skilled nursing services	\$17.46/per visit
T1021	GY		Home Health Aide (HHA) Visit—unassociated with skilled nursing services to a Dually-Eligible Recipient	\$17.46/per visit

Data relative to Telephonic Home Health Services DMV Program activity was supplied by Sandata, LLC, based on information in its Santrax Payor Management (SPM) System.

Data Analysis

DSS paid claims data was analyzed for each quarter of State Fiscal Year (SFY) 2006-2007, 2007-2008, 2008-2009, 2009-2010 and the first quarter of SFY 2010-2011 (July 1, 2010-October 1, 2010). The State Fiscal Year is from July 1st of each year through June 30th of the next year.

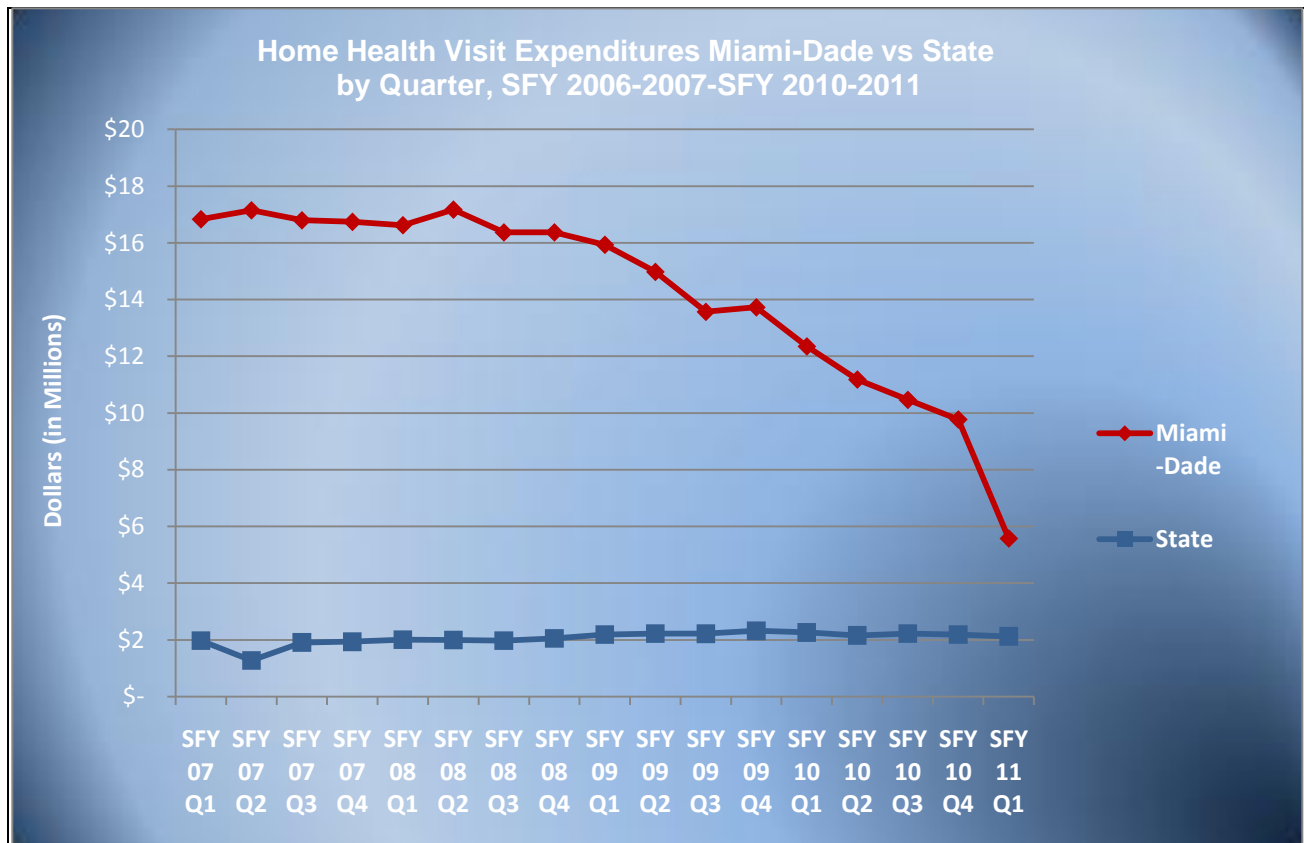
The primary data fields selected for examination and comparison include:

- Home health agency (Medicaid enrolled provider) census
- Expenditures for home health visits, based upon date of service
- Unduplicated count of recipients receiving home health visits
- Average units of service (one visit = one unit of service) per recipient

RESULTS

The issue of fraud and abuse within the home health system of care has been a key issue – both at the federal and state level. Addressing overutilization and aberrant billing practices in the home health program, particularly in Miami-Dade, has been an important focus within the Agency. The Division of Medicaid has engaged in a number of activities that aid in the prevention and detection of Medicaid fraud, abuse and overpayments. As Figure 1 illustrates, Medicaid quarterly expenditures in Miami-Dade County for home health visits (codes T1030, T1031, and T1021) have decreased by over 35% since SFY 2006-2007 through the first quarter of SFY 2010-2011, representing over \$23 million in savings to the State of Florida.

Figure 1: Miami-Dade home health visit expenditures are dropping steadily

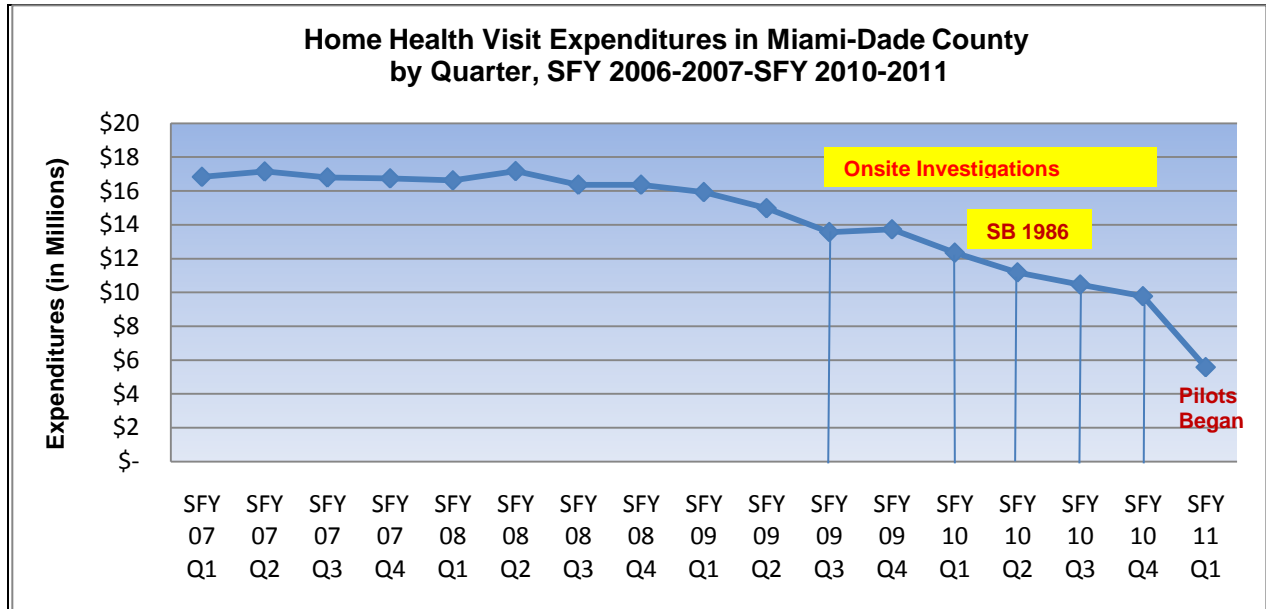


Note: For the purposes of this report, and to simplify illustration, in Figures 1 and 2, the SFY labels correspond to SFY's as listed below:

SFY 07 = SFY 2006-2007
 SFY 08 = SFY 2007-2008
 SFY 09 = SFY 2008-2009
 SFY 10 = SFY 2009-2010
 SFY 11 = SFY 2010-2011

The quarterly data consistently shows a decrease in expenditures for home health visits in Miami-Dade County (See Figure 2 below).

Figure 2: Agency anti-fraud efforts reduce Miami-Dade home health expenditures



These outcomes are due to multiple efforts by the Florida Legislature, the Agency for Health Care Administration and the Medicaid Fraud Control Unit (MFCU) and therefore cannot be attributed to only one initiative. For example:

- **January 2008:** Home health aide services in the Miami-Dade County area were analyzed by the Agency's Medicaid Program Integrity and Medicaid Services Bureaus, the Office of the Attorney General's Medicaid Fraud Control Unit and the Centers for Medicare and Medicaid Services (CMS). This review resulted in over 30 internal and external investigative referrals.
- **July 1, 2009, Senate Bill No. 1986 became law:** Miami-Dade County was designated as a health care fraud area of concern and the Agency for Health Care Administration was instructed to implement pilot projects to monitor home health services and home health care management.
 - Moratorium on licensure of new home health agencies in Miami-Dade County, effective July 1, 2009-June 30, 2010;
 - Enhanced prior authorization of home health services
 - All home health services must be prior authorized before initiating care.
 - The plan of care and physician's order must be submitted with the prior authorization request.
 - Proof of a physician visit must be submitted at the time of the request to initiate services, and biannually thereafter.

- **July 1, 2009-June 30, 2010:** Agency for Health Care Administration's Office of Inspector General, Bureau of Medicaid Program Integrity (MPI) and staff from Medicaid visited all 379 home health agencies in Miami-Dade County. The review also included physicians that write prescriptions for home health aide visits. This effort resulted in:
 - \$282,098 in paid claims recouped
 - Sixteen home health agencies terminated (not at the address of record and contract)
 - Fifty-two sanctions; Fifty physicians cited for violations totaling \$26,500 in fines
 - Fifty-eight referrals to Department of Health for review of possible practice violations
 - Six home health agencies placed on prepayment review where Agency Medicaid Program Integrity staff review all claims for appropriateness prior to authorizing payment
 - One referral for medical privacy violations
 - Five provider education letters to remind providers of Medicaid policy and allow providers the opportunity to correct minor non-compliance issues
 - Five referrals to the Centers for Medicare & Medicaid Services; one resulting in a home health agency suspension from Medicare
- **July 1, 2010, Implementation of two pilot programs in Miami-Dade:** The Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program and the Comprehensive Care Management Program (See Appendix G).

Since implementing the pilot projects in Miami-Dade, two large home health providers (each serving over 250 Medicaid recipients in the county, with annual reimbursement exceeding \$1 million) were terminated from participation in the Medicaid program and one provider was suspended from the program.

Figures 3 and 4 highlight the decrease in the numbers of recipients using home health visit services and the decrease in the number of home health agencies providing home health visits in Miami-Dade County. Please note that data for SFY 2010-2011 is not yet complete. For comparative purposes, 3,613 Medicaid recipients in Miami-Dade County received home health visits during the first quarter of SFY 2010-2011.

Figure 3: The number of recipients receiving home health visits in Miami-Dade continues to decrease as the number of recipients increases

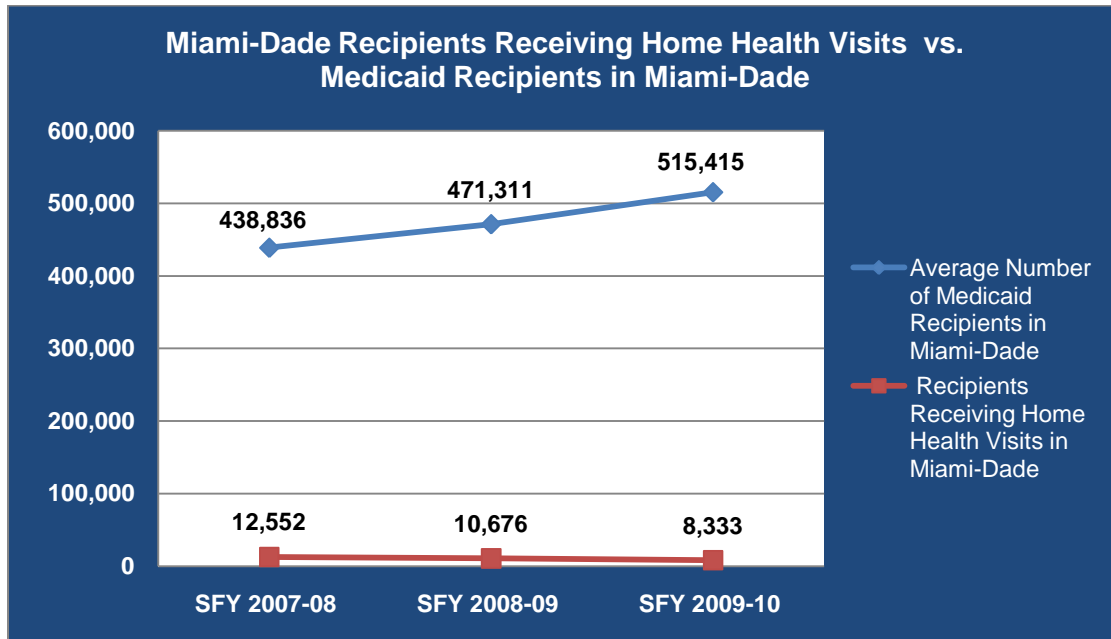
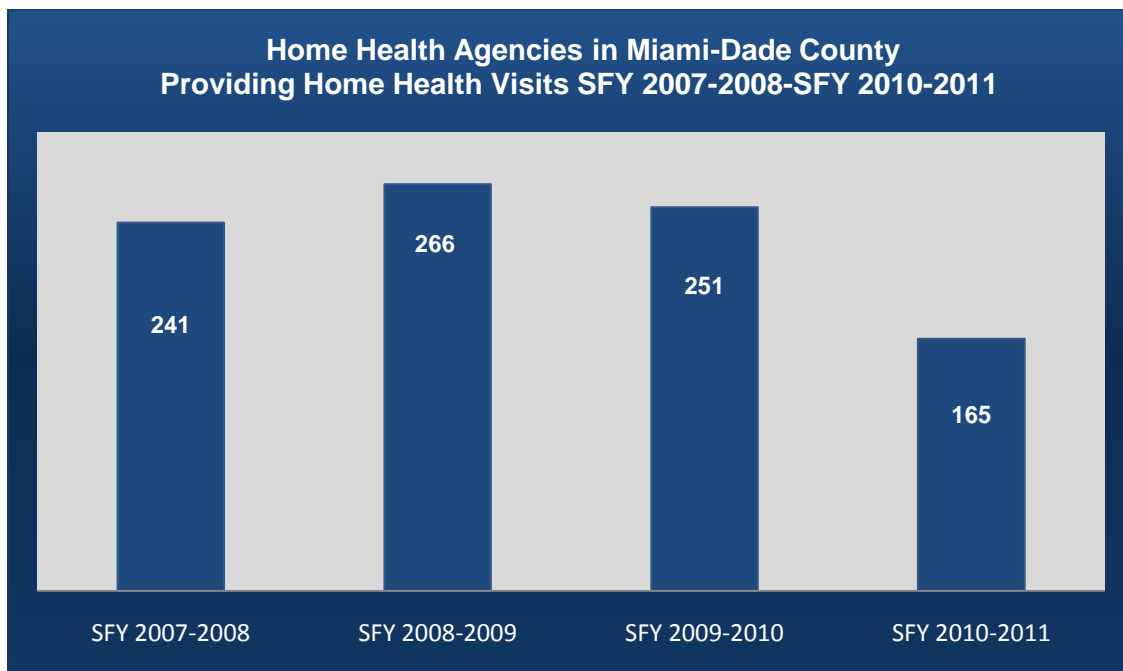


Figure 4: The number of home health agencies in Miami-Dade County providing home health visits to Florida Medicaid recipients continues to decrease



Program Activity in Sandata's Santrax Payor Management (SPM) System:

Sandata's SPM System contains information related to home health visit activity for the Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program. Tables 2 and 3 reflect SPM System activity and billing activity that has taken place from program implementation on July 1, 2010 through December 31, 2010.

The total number of providers with active databases in the SPM system has decreased since program implementation due to provider terminations and fewer providers that provide Medicaid home health services. As the number of providers decreased, the number of visits scheduled also decreased.

Table 2: Monthly SPM System Activity Summary

Month	Providers*	Total Visits Verified	Total Calls	Visit Schedules Created
July 2010	345	113,533	290,967	161,861
August 2010	345	101,555	261,804	176,533
September 2010	330	93,387	243,640	148,710
October 2010	332	86,159	240,172	146,023
November 2010	333	69,430	219,496	137,375
December 2010	333	72,916	220,754	131,480

* 226 of these providers currently have authorizations to provide home health visits.

During this same timeframe, the number and percentage of home health agencies with authorizations to provide home health visits that successfully used the SPM System to bill (submit claims) for services increased. This is an indication that providers are becoming more familiar with the system.

Table 3: Provider Use of the SPM System Is Growing

Month	Agencies with Authorizations	Agencies that Submitted Invoices	% Agencies with Authorizations that Invoiced during the Month	Total Number of Claims Submitted	Total Number of Services on Claims	Total Amount Submitted (excluding co-pay)
July 2010	214	86	40.0%	5,889	51,851	\$912,766
August 2010	218	142	65.1%	10,333	101,673	\$1,768,293
September 2010	217	148	68.2%	16,104	82,078	\$2,209,834
October 2010	219	156	71.2%	15,604	79,027	\$2,098,531
November 2010	224	154	68.8%	11,886	68,752	\$1,784,605
December 2010	226	150	66.4%	11,188	82,841	\$2,107,448

Exceptions Analysis

The SPM system requires a match from the recipient that has an authorization for home health visits with the staff scheduled to do the visit and the speaker verification conducted at the beginning and the end of each visit. The system verifies that the scheduled visit corresponds to a recipient that has an authorization to receive home health services; that the authorized visit is occurring at the scheduled time by the assigned staff member that has the credentials (i.e., RN, LPN, or home health aide) to perform the services; and that speaker verification took place.

When the proper procedures are not followed within the SPM System, an exception is generated for the specific home health visit. In order to resolve a visit exception and make the visit eligible for billing, the home health agency must manually correct the visit information prior to submission of the claim for payment through the SPM System. Only designated staff within the home health agency who have been authorized to make manual corrections may resolve exceptions. The primary reasons for exceptions are described below:

- *Unscheduled Events (Visits.)* Providers are to schedule home health visits prior to the delivery of services. If a visit occurs without prior scheduling, when the staff call-in and call-out from the recipient's home, there is no schedule to match up with the speaker verification. This results in an "Unscheduled Event" exception.
- *Unknown Client.* The recipient telephone number in the Florida Medicaid Management Information System (FMMIS) differs from the phone number from which the call-in and call-out were made. When the call in and call out does not match to the recipient telephone number as indicated within the SPM System, an "Unknown Client" exception results. The Agency has been seeking correct telephone numbers through letters to recipients (in English and Spanish) requesting that they supply their correct telephone number, along with a copy of the first page of their phone bill for verification. 1,300 letters were mailed at the end of August and 263 responses were received. The Agency entered the 263 correct phone numbers in the SPM System. However, the FMMIS continues to reflect the information it receives via data feeds from the Department of Children and Families' FLORIDA system and the Social Security Administration.
- *Actual Hours More or Less than Scheduled.* The visit time does not match the scheduled time. For example, a visit is scheduled to take place from 9:00 a.m. to 10:30 a.m., however, the actual visit was provided from 10:30 a.m. to 11:30 a.m.

Home Health Agencies Visit Activity and Exceptions

As expected during the first months of implementation, a high percentage of visits were manually verified (exceptions resolved) by the home health agencies. This could be explained by various factors, among them: providers' lack of experience with the

Santrax Payor Management (SPM) System (some providers postponed training until right before program implementation); providers failing to set up speaker verification for all members of their staff; providers failing to provide Sandata with the necessary information to set up their individual databases within the SPM System; and delaying visit scheduling in the SPM System. Compounding these factors was the large number of incorrect recipient phone numbers, causing exceptions due to the mismatch between the number from which service providers called and the recipient phone number in FMMIS.

Tables 4 and 5 reflect monthly exception trends and a summary of visit verification activity and exception rates.

Table 4: Monthly Exception Trends

	August	September	October	November	December	Average
Unscheduled Event (Visit)	32.4%	38.8%	42.7%	39.4%	42.0%	39.0%
Unknown Client (Recipient)	22.9%	26.5%	27.7%	27.1%	28.5%	26.5%
Total Visit Time More or Less than Scheduled	25.7%	16.2%	10.8%	9.3%	9.6%	14.3%
Other Exceptions	19.0%	18.5%	18.9%	24.2%	19.9%	20.1%

Visit Exception Causes

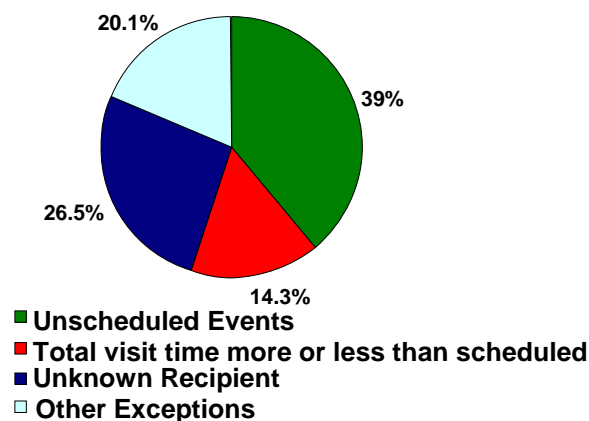


Table 5: Visit Verification Summary and Total Exception Rate

Month	Total Visits Verified	% Auto Verified	% Manually Verified	% of Visits with Exceptions
July	113,533	28.6%	71.3%	73.0%
August	101,555	31.5%	68.5%	76.3%
September	93,387	47.0%	53.0%	70.2%
October	86,159	54.2%	45.8%	71.2%
November	69,430	52.7%	47.3%	84.5%
December	72,916	47.0%	53.0%	78.1%

In an effort to decrease the number of visits with exceptions, Sandata and the Agency have taken the following actions:

- Provided ongoing provider outreach and education;
- Targeted outreach to correct recipient phone numbers; and
- Changed SPM System to allow more flexibility in total visit time. This decreased the “Total visit time more or less than scheduled” exception rate from 26% in August to 16% in September.

Upcoming exception reduction measures:

- Second letter to recipients for whom phone number mismatches have occurred requesting that they provide the Agency with their current telephone numbers;
- Expanded use of alternative location tracking devices (ALTDs) for recipients that either do not have a home telephone or will not permit home health agency staff to use their telephone.

The Agency will continue to implement activities to encourage provider compliance. These activities include, but are not limited to: mailing providers a “scorecard” that includes each provider’s visit exception rates; giving providers opportunities to obtain additional training to reduce their exception rates; and placing providers on corrective action plans. Additionally, the Agency is exploring the feasibility of legal options, which may include: sanctions, limitations on provider override capabilities in the SPM System, prepayment review of claims documentation and Medicaid Program Integrity provider reviews.

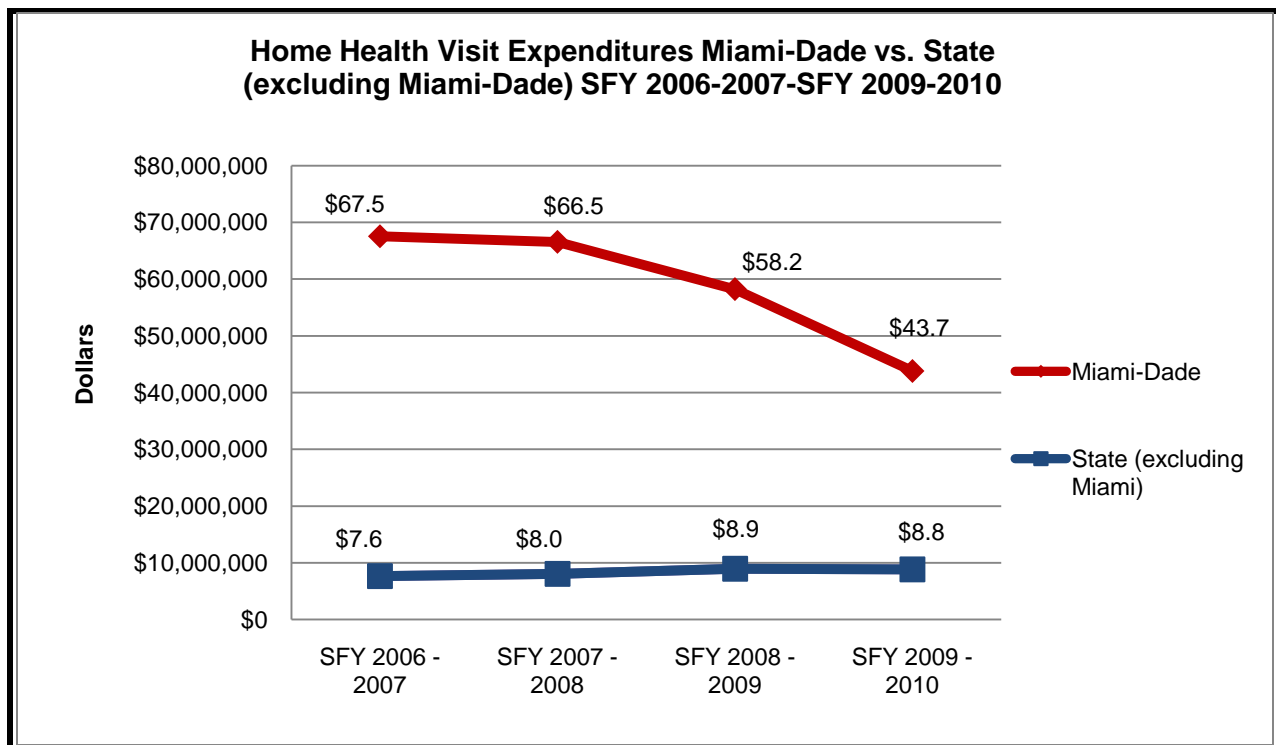
SUMMARY OF FINDINGS

An increasing percentage of providers are successfully billing through the Santrax Payor Management (SPM) System. Home health visits are increasingly being automatically verified through the SPM System. In addition, the Agency is able to access data that it did not have prior to this program, such as:

- Missed or late visits
- Length of time for each visit
- Information on the specific person providing the visit

Exception rates in the SPM System remain high, despite the program being operational for over six months and the on-going training opportunities for home health providers. The Agency continues to work with Sandata to monitor progress of the pilot and to identify strategies to reduce the number of exceptions. Overall, home health visit expenditures in Miami-Dade continue to decrease as a result of the targeted efforts to address fraud and abuse as depicted in Figure 5.

Figure 5: Home health visit expenditures in Miami-Dade continue to decrease



EVALUATION LIMITATIONS

There are several limitations inherent within this evaluation of the Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program:

- **Short period of program operations:** The program began July 1, 2010. The results in this evaluation are reflective of paid claims for the first quarter of SFY 2010-2011 (July, August, and September 2010).
- **Timeframe for claim submission:** Medicaid providers have twelve months after the date of service to file a clean claim for payment of services. Home health providers who rendered services since the implementation date (July 1, 2010) of the program may still submit claims for payment within the twelve months after the date of services, thus making expenditure analysis difficult. As a result, the reduction in expenditures will change until the claims lag period has closed.
- **Confounding Factors.** A single causal relationship between the decrease of expenditures for home health visits in Miami-Dade and the implementation of the “*Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program*” cannot be established at this time, since the project has been operational for only a short period of time and there have been multiple efforts by the Agency to combat fraud and abuse in Miami-Dade County. The concurrent implementation of a second pilot project, “*Comprehensive Care Management*,” which includes face-to-face assessments conducted by nurses in recipients’ residences to validate medical necessity for home health visits, also makes it difficult to determine a one-to-one impact.

NEXT STEPS

Based upon the initial outcomes of this evaluation, the Agency has identified several process steps to enhance operation and ensure value:

- Establish acceptable rates or ranges for visit exceptions in the SPM System;
- Impose sanctions for providers who fail to competently participate in the program (e.g., failure to schedule visits and not following protocols for using the SPM System);
- Use data obtained from this program for future policy development, (e.g., service quality, reimbursement methods, etc.);
- Establish a reliable and effective process to update recipient telephone number data, particularly for dually-eligible recipients of Medicare and Medicaid;
- Establish a direct data feed of home health visit authorization data from the Agency's contracted quality improvement organization to Sandata, LLC. This data feed would supplement the authorization files Sandata receives from FMMIS, and provide detailed visit frequency to strengthen visit limitations in the SPM System and simplify the visit scheduling process for service providers;
- Evaluate any changes in expenditures, number of enrolled providers, and recipients receiving services in surrounding counties to determine whether this pilot has impacted utilization rates in those counties; and
- Continue to review and evaluate claims data and data received from the SPM System to determine whether expanding the pilot into other areas of the state would be beneficial and provide cost savings.

Many of these recommendations are already being implemented by the Agency, which will continue to strengthen the program and build on its successes.

This initial evaluation of the Telephonic Home Health Services Delivery Monitoring and Verification (DMV) Program indicates that the incorporation of a web-based system that includes recipient, provider, service authorization, and scheduling information, combined with the use of voice biometrics, not only supplements physical documentation of delivery and utilization of home health visits, but also provides the Agency with tools to effectively monitor the provision of home health visits to Medicaid recipients. More importantly, the program has great potential for reducing fraud and abuse in Florida Medicaid by reducing the submission of claims for services that were not provided. As the program moves toward completion of its first year of operation, and the Agency implements activities to increase provider compliance and strengthen the program, it is anticipated that the Agency will have access to more detailed data to assist with policy development, and experience continued reduction of Medicaid expenditures for home health visits in Miami-Dade County.

APPENDIX A: LEGISLATIVE AUTHORITY

CHAPTER 2009-223 LAWS OF FLORIDA

Section 31. Pilot project to monitor home health services.—The Agency for Health Care Administration shall develop and implement a home health agency monitoring pilot project in Miami-Dade County by January 1, 2010.

The agency shall contract with a vendor to verify the utilization and delivery of home health services and provide an electronic billing interface for home health services. The contract must require the creation of a program to submit claims electronically for the delivery of home health services. The program must verify telephonically visits for the delivery of home health services using voice biometrics. The agency may seek amendments to the Medicaid state plan and waivers of federal laws, as necessary, to implement the pilot project. Notwithstanding s. 287.057(5)(f), Florida Statutes, the agency must award the contract through the competitive solicitation process. The agency shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives evaluating the pilot project by February 1, 2011.

APPENDIX B: MEDICAID HOME HEALTH SERVICES

(Excerpts from Florida Medicaid Home Health Services Coverage and Limitations Handbook, online at: http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_08_080701_Home_Health_ver1.2.pdf)

Purpose of the Home Health Program

The purpose of the home health program is to provide medically-necessary care to an eligible Medicaid recipient whose medical condition, illness or injury requires the care to be delivered in the recipient's place of residence.

Home Health Services Definition

Home health services are medically necessary services, which can be effectively and efficiently provided in the place of residence of a recipient. Services include home health visits (nurse and home health aide), private duty nursing and personal care services for children, therapy services, medical supplies, and durable medical equipment.

Home Health Visit Definition

A home health visit is a face-to-face contact between a registered nurse, licensed practical nurse, or home health aide and a recipient at his place of residence.

A home health visit is not limited to a specific length of time, but is defined as an entry into the recipient's place of residence, for the length of time needed, to provide the medically-necessary nursing or home health aide service(s). Medicaid reimbursement for a home health visit does not include travel time to or from the recipient's place of residence. Such expenses are administrative and not reimbursable by Medicaid.

Place of Residence Definition

Place of residence is the location where a Medicaid recipient lives and may include:

Recipient's private home;
Assisted Living Facility (ALF);
Developmental services group home;
Foster or medical foster care home; or
Any home where unrelated individuals reside together in a group.

Who Can Receive In-Home Services

Medicaid reimburses home health services for Medicaid recipients who are under the care of an attending physician.

The recipient must meet the following requirements:

Require services that, due to a medical condition, illness or injury, must be delivered at the place of residence rather than an office, clinic or other outpatient facility because:

- Leaving home is medically contraindicated and would increase the medical risk for exacerbation or deterioration of the condition; or
- The recipient is unable to leave home without the assistance of another person;

Require services that are medically necessary and reasonable for the treatment of the documented illness, injury or condition;

Require services that can be safely, effectively and efficiently provided in the home; and

Live in a residence other than a hospital, nursing facility or intermediate care facility for the developmentally disabled (ICF/DD). (See exceptions for ICF/DDs in 42 CFR 483, Subpart I.)

Medicaid does not reimburse home health services solely due to age, environment, convenience or lack of transportation.

Home Health Visit Limitations

Home health visits are limited to a maximum of four intermittent visits per day.

The visits may be any combination of licensed nurse and home health aide visits.

Each recipient who is receiving services on a fee-for-service basis is limited to a maximum of 60 visits in a lifetime without precertification. Recipients requiring more than 60 visits may receive additional visits through a precertification request to the Medicaid peer review agency for the services.

Skilled Nursing Services

The following are examples of services that require the direct care skills of a licensed nurse:

Administration of intravenous medication;
Administration of intramuscular injections, hypodermoclysis, and subcutaneous injections only when not able to be self administered appropriately;
Insertion, replacement and sterile irrigation of catheters;
Colostomy and ileostomy care; excluding care performed by recipients;
Treatment of decubitus ulcers when:
- deep or wide without necrotic center;
- deep or wide with layers of necrotic tissue; or
- infected and draining;
Treatment of widespread infected or draining skin disorders;

Administration of prescribed heat treatment that requires observation by licensed nursing personnel to adequately evaluate the individual's progress;
Restorative nursing procedures, including related teaching and adaptive aspects of nursing, which are a part of active treatment and require the presence of licensed nurses at the time of performance;
Nasopharyngeal, tracheotomy aspiration, ventilator care;
Levin tube and gastrostomy feedings, excluding feedings performed by the recipient, family or caregiver; and complex wound care requiring packing, irrigation, and application of an agent prescribed by the physician.

Home Health Aide Services

Home health aide services help maintain a recipient's health or facilitate treatment of the recipient's illness or injury.

The following are examples of home health aide services reimbursed by Medicaid*:

Assisting with the change of a colostomy bag;
Assisting with transfer or ambulation;
Reinforcing a dressing;
Assisting the individual with prescribed range of motion exercises that have been taught by the RN;
Assisting with an ice cap or collar;

Conducting urine test for sugar, acetone or albumin;
Measuring and preparing special diets;
Providing oral hygiene;
Bathing and skin care; and
Assisting with self-administered medication.

*Home health aides must not perform any services that require the direct care skills of a licensed nurse.

APPENDIX C: PROCUREMENT ACTIVITIES

The activities undertaken by the Agency to competitively procure a vendor to operate the Telephonic Home Health Services DMV Program are highlighted below:

Procurement Activities: June 1, 2009 - April 8, 2010

Date	Activity
June 2009	Research on Telephony and Telephony Programs in other states
July 2009	Agency determination of project parameters and components; procurement type selection-invitation to negotiate (ITN); First draft of Scope of Services and Procurement Documents
August 2009	Internal Agency meetings to determine Systems Requirements for the project; First round of revisions to the scope of services and procurement documents
September 2009	Revised scope and procurement documents are routed for approval and forwarded to the Medicaid Services Procurement Coordinator for review
October 2009	Revised and approved scope and procurement documents sent to the Agency's Procurement Office for preparation of the official ITN Solicitation; Additional revisions made by the Program Office
November 2009	Routing, review and approval of the final draft of the Solicitation Package
December 7, 2009	Posting of AHCA ITN 1004 on the Vendor Bid System (VBS)
December 17, 2009	Deadline for receipt of written inquiries
January 5, 2010	Agency responses to written inquiries were posted on the VBS
January 11, 2010	Vendor Conference
January 19, 2010	Public opening of response to ITN 1004; Appointment of Evaluation Team
January 25-29, 2010	Evaluation of response
February 1, 2010	Appointment of Negotiation Team
February 4 th & 9 th , 2010	Negotiations with prospective Vendor
February 16, 2010	Posting of Notice of Intent to Award on the Vendor Bid System
March 12, 2010	Final draft contract sent to Vendor
March 30, 2010	Agency contract review and approval completed
April 1, 2010	Contract sent for vendor signature
April 7, 2010	Agency received signed contract from vendor
April 8, 2010	Contract execution

APPENDIX D: PROGRAM IMPLEMENTATION ACTIVITIES

After the execution of the contract, the Agency and Sandata embarked upon an aggressive implementation schedule designed to ensure that the program became operational on July 1, 2010. Major milestones in program implementation are outlined below.

Program Implementation Major Milestones: April 1- June 30, 2010

Timeframe	Implementation Activities
April 2010	Submission of programming request for required FMMIS changes
	Pre-Implementation Kick-Off meetings with vendor
	Press Release to Publicize the Program to Providers
	Provider Notice Mail Out
	Website Launch
	Recipient Notice Mail Out
	Finalization of Outreach and Implementation Plans
May 2010	Home Health Agency Pilot Group-Initial Meeting
	Information Session in Miami-Dade County
	Systems Design and Development
May and June 2010	Home health agencies registration with Sandata; recording of direct care workers' voices for speaker verification
June 2010	Sandata Systems Testing
	Readiness Review conducted by the Agency
	Home health agency Training Sessions
July 1, 2010	"Go-Live" Date-Home health agencies use Sandata's web-based system and IVRA

APPENDIX E: PROGRAM WEBSITE HOMEPAGE



APPENDIX F: ALTERNATIVE LOCATION TRACKING DEVICE (ALTD)



The alternative location tracking device (pictured at left) developed by Sandata Technologies, Inc. is a battery operated device with dimensions approximately 1 ½" x 2 ¼" x ¾" that can be affixed to a surface with screws or double-sided adhesive tape. The device is installed in the residences of recipients of home health visits who do not have a landline telephone. Each device is registered to a specific recipient and activated upon installation in the recipient's place of residence.

Rather than calling-in and calling-out from a recipient's home phone at the beginning and end of each home health visit, the nurse or home health aide simply presses the button on the device and records the six-digit codes that appear on the screen. The codes correspond to the date and time of the visit. When the visit has been completed, and the nurse or home health aide has access to a phone, he or she will call Sandata's toll-free number established for the home health agency, and follow the speaker verification process. When prompted, the nurse or home health aide will enter the codes from the ALTD. This maintains the voice biometrics component of the program.

As of December 31, 2010, sixty-five alternative location tracking devices had been distributed.

APPENDIX G: COMPREHENSIVE CARE MANAGEMENT PILOT

Section 32 of Chapter 2009-223, Laws of Florida directed the Agency for Health Care Administration to implement a pilot project for home health care management.

Section 32. Pilot project for home health care management.—The Agency for Health Care Administration shall implement a comprehensive care management pilot project for home health services by January 1, 2010, which includes face-to-face assessments by a nurse licensed pursuant to chapter 464, Florida Statutes, consultation with physicians ordering services to substantiate the medical necessity for services, and on-site or desk reviews of recipients' medical records in Miami-Dade County. The agency may enter into a contract with a qualified organization to implement the pilot project. The agency may seek amendments to the Medicaid state plan and waivers of federal laws, as necessary, to implement the pilot project.

The Agency amended its existing contract with KePRO (Keystone Peer Review Organization) to include implementation of the comprehensive care management (CCM) pilot project for home health services. The CCM pilot project includes face-to-face assessments of Medicaid recipients that receive home health visits by a nurse licensed pursuant to chapter 464, Florida Statutes; consultation with physicians ordering services to substantiate the medical necessity for services; and on-site or desk reviews of recipients' medical records in Miami-Dade County.

KePRO has the responsibility of identifying potential problem areas through data analysis and monitoring of selected cases, verifying through medical record review the existence of problems or violations of provider obligations, and reporting findings to the Medicaid provider and the Agency.

From July 1, 2010 through November 30, 2010, KePRO completed 1,836 face-to-face assessments, four provider audits, and made 134 referrals to Medicaid Program Integrity, with recommendations for further investigation, recoupment of claims paid, and/or reduction or termination of services.

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