

CP1

• Paradigm.

# VA and Medicaid Compliance Made Easy

[paradigmseniors.com](https://paradigmseniors.com)



CP1

## Our Presenter.



Dawn DeMers

PROVIDER ENGAGEMENT GROWTH COACH

 VA & Medicaid Compliance Made Easy

## Slide 1

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**CP1** Introduction- why you're here. Connect.

Carmen Perry-Tevaga, 2025-07-24T18:05:00.743

## Slide 2

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**CP1** Introduce yourself. Give brief experience history and then talk about the lives you've been able to change with care and how you continue to do that with your Paradigm journey.

Carmen Perry-Tevaga, 2025-07-24T18:06:09.683

# What We'll Cover.

- Do I Need to Diversify?
- Compliance Reality
- Working with VA / Compliance
- Working with Medicaid / Compliance
- AZ-specific Information and Changes
- Provider Coaching



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# The Need for Diversification.

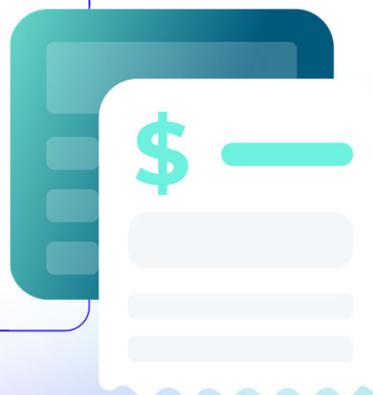
- Risk Mitigation**  
Diversification minimizes revenue risks by reducing dependence on a single payer source.
- Competitive Advantage**  
Diverse payer sources allow access to markets your competitors might not serve.
- Higher Profitability**  
Government payers like VA offer better reimbursement rates, and Medicaid offers higher volume.
- Caregiver Retention**  
More hours from government contracts could lead to higher caregiver satisfaction and retention.
- Increased Referrals**  
Third-party payer relationships yield more client referrals.
- Community Impact**  
Collaborating with third-party payers like VA and Medicaid benefits underserved communities.



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## Compliance = Cash Flow.

- ✔ High compliance → more referrals & faster payments.
- ✔ Avoid moratoria that freeze new intakes.
- ✔ Accurate documentation shortens claims cycle.
- ✔ Strong relationships = smoother authorizations.



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## Rules of Thumb for Compliance:



FOLLOW



DOCUMENT



COMMUNICATE



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## Slide 6

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### **CP1** Keep it simple. Clear, concise communication

Carmen Perry-Tevaga, 2025-07-24T18:07:20.597

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# Working with Veterans Affairs.

## Veterans in Arizona.

<b>Rates for HHA &amp; Respite</b>	<b>\$43.12</b>
<b>Rates for Homemaker</b>	<b>\$7.12</b>
Veterans in State	495,038
Veterans 65 and Over	248,508
Enrolled in VA Health System	245,702

Map locations include: Lake Havasu Vet Center, Prescott Vet Center, Prescott Inpatient Care Sites, Prescott Cemetery, Phoenix Cemetery, Phoenix Regional Office, Phoenix Inpatient Care Sites, Phoenix Vet Center, Yuma Vet Center, Marana Cemetery, Tucson Vet Center, Tucson Inpatient Care Sites, Tucson Cemetery, Sierra Vista Cemetery, San Carlos Cemetery, and Belmont Cemetery.

## Paradigm Makes VA Compliance **Simple.**

**We don't get paid until you get paid – all the more reason why we're invested in your growth.**

- ✔ Our team handle all VA claims end-to-end.
- ✔ We help you stay credentialed and compliant.
- ✔ Our provider coaches educate your team and help you grow your census.

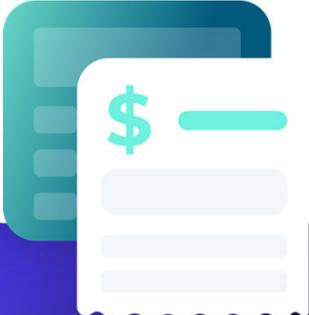
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## Local **VAMC** Expectations.

- ✔ Know how your VAMC communicates: HSRM, email, fax?
- ✔ Some require progress notes; some don't want them.
- ✔ Always discharge when auth ends – don't assume renewal.

**Reasons agencies are removed:**

- ✔ Slow referral response.
- ✔ Billing delays.
- ✔ Documentation issues.
- ✔ When in doubt: ask, confirm, and document.





## Authorizations & Consults.

- ✓ Every referral includes both a SEOC and a consult.
- ✓ Prioritize following the consult over the SEOC. It's the controlling document.
- ✓ Consults outline approved hours, services, and care plan. Follow them precisely.
- ✓ SEOCs set the overall date range and unit cap.
- ✓ VA benefit weeks run Sunday to Saturday. Hours do not roll over.
- ✓ If unclear, contact the social worker before care begins. Always get changes in writing.

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## Shifts, Billing & Coding.

- ✓ Care notes and time sheets are non-negotiable. Audits will happen.
- ✓ No billing for canceled or incomplete shifts.
- ✓ Use EVV when available. Otherwise, verify time with signed timesheets.
- ✓ Billing cannot exceed 24 hours per day per client.
- ✓ Overnight shifts must be split across calendar days.
- ✓ Follow consult instructions for care specifics (e.g., ADLs vs. Homemaker).
- ✓ Do not manipulate shift times or services to evade billing limits.



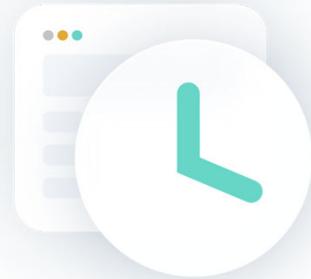
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## Holiday, Overtime & Mileage.

- ✔ **VA does not pay extra for holidays or overtime.**
- ✔ **No additional billing units for those days.**
- ✔ **Mileage is never reimbursable.**
- ✔ **Balance billing for these is a violation.**

If your agency pays caregivers higher rates on holidays, that must come from your margin.

Do not attempt to mask these extra costs in the billing  
- it's auditable and non-compliant.

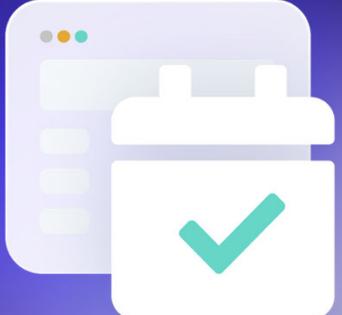


## Documentation Standards.

- **Every unit billed must be backed by a care note and time record.**
- **Notes must describe services delivered, not generic templates.**
- **Include client condition, ADLs performed, and any issues.**
- **Review notes before submission. Bad notes = recoupment.**
- **Be prepared for Audits - VA can go back up to 6 years of records.**



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## Re-Authorizations and Re-Credentialing.

- ✔ Service **re-authorizations** occur every 6 months.
- ✔ Track coverage dates and renew them timely.
- ✔ Have documentation to support the hours authorized adding documentation at least 30 days prior.
- ✔ **Re-credential** every 3 years.
- ✔ Failure = paused referrals, payment issues, inactive agency status.
- ✔ Start early: some VAMCs notify 60–90 days out.
- ✔ Monitor shared inboxes and faxes.
- ✔ Keep documentation updated (W-9, licenses, insurance, and agreements).

## 🔒 The Vault is open.

Paradigm's internal VA knowledge—now accessible in a free, public wiki.

Get answers to all your VA questions like:

- ✔ How can I get more veteran clients?
- ✔ How do I troubleshoot a denied claim?
- ✔ How does enrollment work?

And much more, all at [vault.paradigm seniors.com](https://vault.paradigm seniors.com)

### Vault Map

!! Important Disclaimer

VA-Funded Home Care Services

- Community Care Network
- Aid & Attendance
- Veteran Directed Care
- Caregiver Support Programs

Community Care Network

- Third Party Administrators
- History & Overview
- Agency Eligibility & Getting Started
- Enrollment & Credentialing

Authorizations & Referrals

- How VA Referrals Are Generated
- Authorization types
- Requesting and Securing Authorizations
- Managing Expired or Soon-to-Expire Authorizations
- HealthShare Referral Manager (HRM)
- Enquire

Compliance

- Working Paper, Manage and Oversee
- How to Comply with the VA's New Rules

Payment & Reimbursement

- Timelines for VA Payments
- Reconciling Payments and Avoiding Discrepancies
- Advanced Payment Tracking and Reporting
- Escalating Late or Missing Payments
- Improving Cash Flow

Census Growth

- The Utilization Gap & Opportunity
- Positioning Your Agency As A VA Specialist
- Creating Marketing Materials & Assets
- Leveraging Success Stories and Testimonials
- Online Presence & SEO
- Developing A Reputation For Quality
- Engaging Local VA Medical Centers and Clinics
- Partnering with Veteran Service Organizations (VSOs)
- Participating in Veteran Outreach Events

Tools

- Case Mix Tool
- Rate Lookup Tool

Additional Resources

- History of Terms
- Home



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8



# Opportunity: Medicaid.

- The Program.**  
Medicaid programs are uniquely structured in each state. Arizona has the AHCCCS and ALTCS programs.
- Service Expansion.**  
Untapped revenue stream for agencies, enabling you to serve a broader community.
- Caregiver Retention.**  
Steady opportunities for caregivers, ensuring job satisfaction.
- Support of Family Caregivers.**  
Deliver care that combines quality with cost-efficiency.

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## AZ at a Glance.

### ALTCS – EPD and ALTCS – DD Programs:

**Current MCOs & THEIR MARKET SHARE**

- ✔ Mercy Care Plan: 33.07 %
- ✔ United Healthcare Community Plan: 41.09%
- ✔ Banner-University Family Care : 25.84%

Average reimbursement rate for personal care:

*\$28.68 - \$35.64 depending on locality and service type*

## What's changing in Arizona as of 10/1/25:

- Shifting of MCOs with ALTCS – EPD program with 3 yr contract:
  - UnitedHealthcare Community plan (All AZ)
  - Banner University Family Care (Central and Southern AZ)
  - Mercy Care Plan (Central and Pima County)
  - Arizona Complete Long Term Care (All AZ)
- New EVV aggregator – Sandata not being renewed.
  - Creating own system in-house managed by AHCCCS
  - Remain open EVV model to use 3<sup>rd</sup> party EVV systems.
- DAP Rates (Differential Adjusted Payments):
  - Additions to the potential payment rates by following specific compliance items
    - Social Determinants of Health (SDOH)
    - Percentage utilization of auto-verified visits



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## EVV: 7 Fast Wins.

1. Understand your aggregator platform.
2. Sync data daily (or better, in real-time).
3. Clear rejections within 48 hrs.
4. Keep client & caregiver data clean.
5. Follow a consistent export → submit → reconcile sequence.
6. Monitor aggregator exception reports weekly.
7. Leverage vendor training & support.

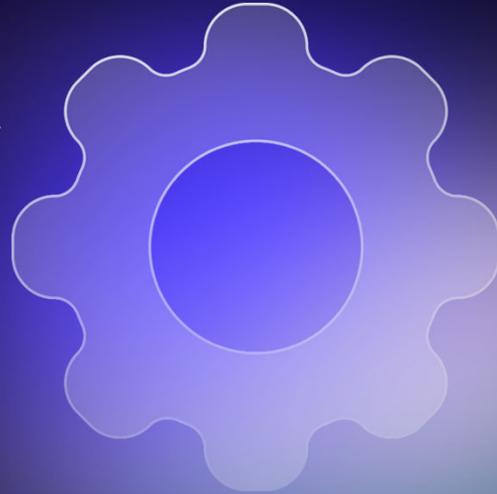
## Medicaid Claims **Strategy.**

- ✓ Run weekly pre-bill audits: check eligibility, match EVV to schedule, confirm auth units.
- ✓ Use modifiers and service codes as specified by each plan.
- ✓ Weekly reports = less clean up later.
- ✓ **If denied:** document, appeal, escalate.



## Documentation and **Audit Readiness.**

- ✔ Store all signed timesheets and EVV exports for at least 6 years.
- ✔ Flag shifts missing clock-ins/outs.
- ✔ Keep a live log of client eligibility and authorization status.



## Billing Compliance **Checklist.**

- ✔ Bill the correct payer for eligible clients.
- ✔ Get Medicaid/Insurance ID before admission.
- ✔ Verify eligibility at least twice a month.
- ✔ Secure (and track) authorizations for payer switches.
- ✔ Authorizations  $\neq$  guarantee, always verify eligibility again.



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## Common **Pitfalls.**

### What we see most often:

- 1. Missing timely-filing deadlines.**  
Aged-out claims = instant write-offs.
- 2. Letting authorizations expire.**  
One lapse over Christmas cost an agency 200 unpaid visits.
- 3. Incomplete / illegible care notes.**  
"If it isn't documented, it didn't happen" - auditors love that line.
- 4. Skipping eligibility re-checks during the 'unwind'.**  
"Clients drop off Medicaid mid-month; you keep working for free."



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## Common **Pitfalls** Continued.

- 5. Using outdated service codes or modifiers.** Rate bumps usually come with code tweaks - easy to miss, instantly denied.
- 6. Neglecting weekly remittance reconciliation.** Money in the portal  $\neq$  money in your bank account.
- 7. EVV slippage > 1%.** MCOs yank 'preferred-provider' status when EVV error rates creep above 1%.



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## Key Metrics for Medicaid Success



### Analyze

- Analyze **EVV compliance** to ensure caregivers are clocking in/out correctly, which impacts referrals.
- Review **caregiver documentation** to ensure compliance with Medicaid regulations.



### Track

- Authorization **renewal** dates.
- Monitor **timely filing deadlines** for Medicaid claims (e.g., some MCOs allow 90 days, others up to 1 year).



### Evaluate

- Evaluate the success of authorized **hours utilization**. Are you fulfilling all the hours authorized? If not, why?
- **Measure referral growth**: How many clients are coming from outreach efforts versus traditional sources?



### Assess

- Assess the impact of **payer mix** on agency profitability (e.g., Medicaid vs. private pay).
- Determine whether the Medicaid client base is growing as expected relative to outreach efforts and MCO relationships.



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## New Offering: Growth Coaching.

Over 75 years of combined industry expertise.



**Carmen**  
Perry



**Dawn**  
DeMers



**Summer**  
Saliba



**Jonathan**  
Richmond



**Jenn**  
Kodman



**Heather**  
Dean



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# Provider Coaching Overview.

**⚡ Length of Coaching Experience**  
Initially, coaching will be 12 weeks and include 6 sessions. The first session will be one hour, and subsequent sessions will be 30 minutes.

**⚡ Eligibility**  
This service is exclusively available to current Paradigm customers. Non-customers interested in coaching must first contact our sales team at [sales@paradigmseniors.com](mailto:sales@paradigmseniors.com).

**⚡ Initial Coaching Session**  
You will use the coaches' booking link to schedule at your convenience. During the initial coaching session, be prepared to share details about your business.

**⚡ Customized Strategic Plan**  
Coaches will present customized growth strategies that will be tailored to your specific business needs.

**⚡ Follow-up Sessions**  
Up to 5 Total Sessions, 30-60 minutes each, scheduled based on coach availability during business hours.

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# How Paradigm Adds Value.

**We've got your back-office.**  
Paradigm takes back-office bureaucratic tasks away so you can focus on growth. We work with over 3,500 providers and many of them leverage us to automate VA and Medicaid billing.

✓  
Automated Billing.

✓  
Credentialing Support.

✓  
Historical Collections.

✓  
Authorization Management & Client Eligibility.

✓  
Growth Support and Education.

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# Questions & Next Steps.



Let's continue the conversation.

**Sales**

[sales@paradigmseniors.com](mailto:sales@paradigmseniors.com)

**Book a Consult.**

[paradigmseniors.com/demo](https://paradigmseniors.com/demo)

**Coaching**

[coaching@paradigmseniors.com](mailto:coaching@paradigmseniors.com)



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Paradigm.

CONNECTING  
**Providers  
and Payers**

- Billing
- Eligibility
- Authorizations
- Enrollments
- Growth

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