

Electronic Visit Verification

September 2018



COLORADO

Department of Health Care
Policy & Financing

WELCOME

HCPF Introductions

Restroom location



Agenda

- Introductions
- Brief Overview of EVV
- Stakeholder Engagement Focus
- Pilot Program Feedback
- Top FAQ's
- Open Forum

Meeting Guidelines

We ask that you:

- Mind E-manners
- Identify yourself when speaking
- Share the air
- Listen for understanding
- Stay solution and scope focused

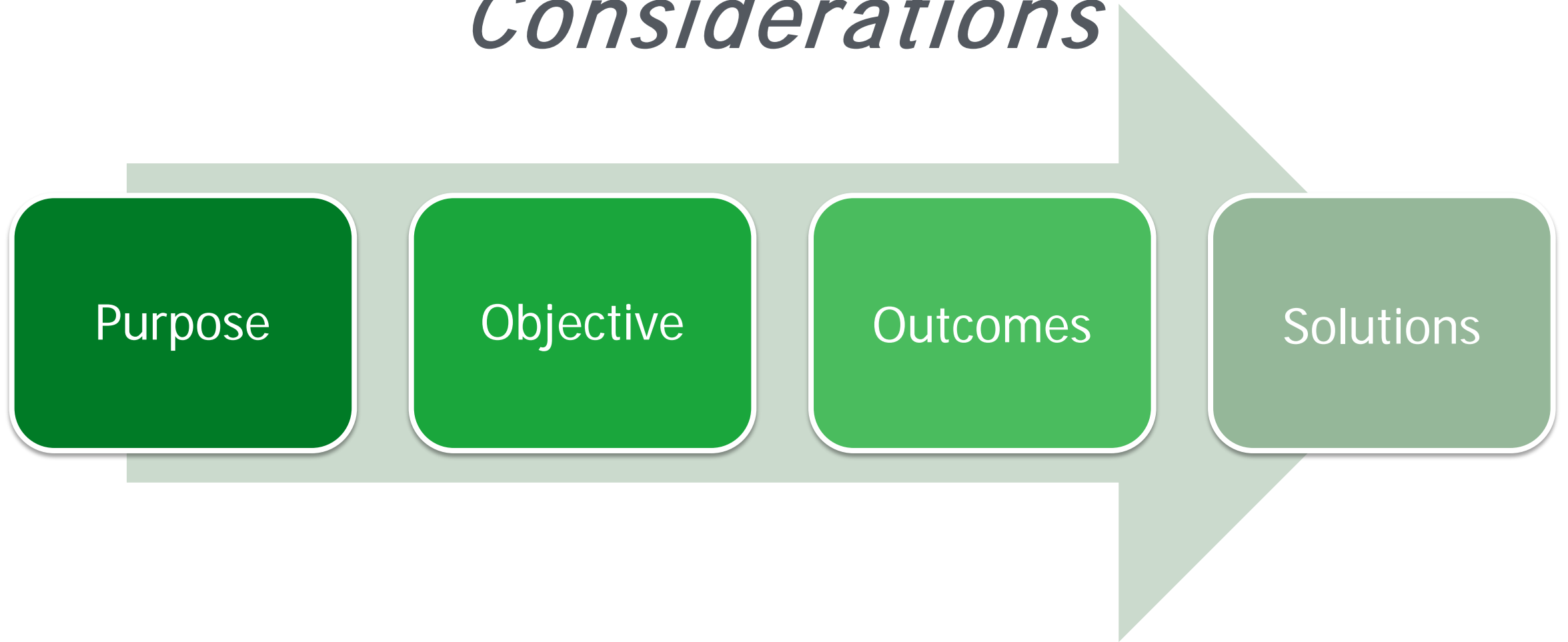
Meeting Purpose

The purpose of this meeting is to engage providers, members, and other stakeholders as the Department works to implement EVV for community based services offered through both the State Plan and Waivers.

And specifically to:

- Review EVV, the legislative mandate, and the scope of implementation
- Discuss EVV Implementation Process
- Provide EVV Project Plan updates
- Address stakeholder concerns
- Provide a platform to gather stakeholder feedback

Stakeholder Engagement Considerations



What is EVV?

- Electronic visit verification (EVV) is a technology solution which electronically verifies that home and community-based services are actually delivered to people needing those services by documenting the precise time service begins and ends.
- Includes multiple point-of-care visit verification technologies, such as telephonic, mobile, web portal (Santrax) verification inputs

Why is EVV required?

- Section 12006 of the 21st Century Cures Act requires all state Medicaid agencies implement an EVV solution to manage their Personal Care services by January 1, 2019, and for all Home Health services by January 1, 2023.
- States that do not implement EVV will incur a reduction of Federal funding.
- H.R. 6042 delays FMAP reductions from 2019 to 2020

21st Century Cures Act

The Act does not:

- Limit the services provided
- Limit provider selection
- Constrain individuals choice of caregiver
- Impede the way care is delivered
- In any way establish an employer-employee relationship

What must EVV verify?

- **Type** of service performed
- **Individual receiving** the service
- **Date** of the service
- **Location** of service delivery
- **Individual providing** the service
- **Time** the service begins and ends

Questions



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State EVV Model

Hybrid Model

- Colorado selected a vendor that will provide EVV solutions while allowing all providers to choose alternative/existing EVV systems, if they meet state specifications

Benefits of Hybrid Model

- Advocates for Provider and Member choice
- Providers have a no cost solution through the state if they so choose
- Providers have centralized platform to use without running their own procurements, alleviating burden if they choose
- Centralized platform facilitates linking EVV with MMIS claims data

*Which Services Require EVV?**

- Personal Care
- Home Health
- Private Duty Nursing
- Hospice
- Homemaker
- In-Home Respite
- Consumer Directed Attendant Support Services(CDASS)
- In-Home Support Services (IHSS)
- Independent Living Skills Training (ILST)
- Specialized Medical Equipment and Supplies
- Outpatient Physical Therapy, Occupational Therapy, Speech Therapy (provided in the home)
- Behavioral Health (provided in the home)



Colorado EVV Technologies



Mobile Application



Telephony



Web Portal (Santrax)

Questions



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Federal EVV Delay

- H.R. 6042 signed into law on July 30, 2018
- Law No: 115-222
 - Delays FMAP reductions from 2019 to 2020, and extends the “good faith effort exemption” from FMAP penalties through the end of 2020 for those states that qualify
 - Requires CMS to conduct at least one public meeting and communicate regularly with stakeholders during the implementation process

Updated EVV Timeline

- The Department will utilize extra time granted by Federal legislation
- EVV will not be mandated on January 1, 2019
- System development and stakeholder engagement will not be delayed
- Updated timeline will be communicated in September

EVV Project Plan

2018

- Continued stakeholder engagement
- System development

2019

- Test and refine system
- Pilot Program
- Training for Providers
- Soft Launch
- Third-Party systems integrate with Aggregator

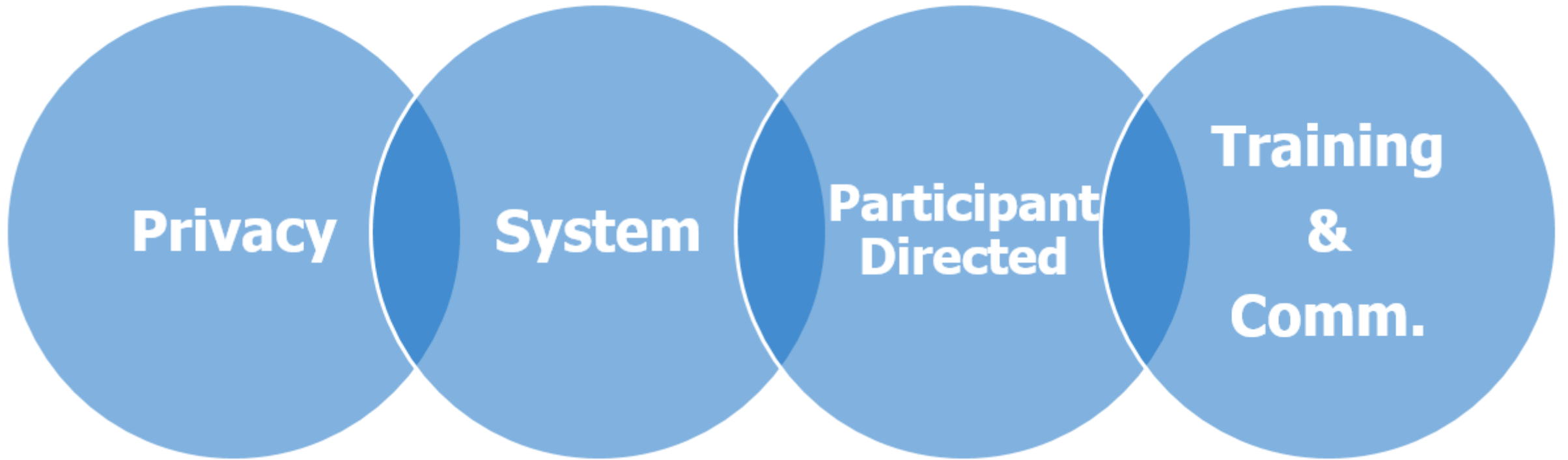
Benefits of Delayed Use

- Allows additional time for CO to thoughtfully implement EVV
- Extends opportunity for stakeholder feedback
- Additional time for systems testing
- Additional time for training
- Ability to complete more robust Pilot Phase

Updates From Sandata Business Rules

- No pre-determined locations
- Members are identified by Medicaid ID
- Streamline services for verification
- Providers will have access to the Santrax (web portal) and will determine if and when caregivers will have access

EVV Subcommittees Update



*User Acceptance
Testing (UAT)
&
Pilot Program*



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Department Deliverables

- Contract executed with DXC
- Held kickoff meeting with DXC and Sandata
- Updated EVV Implementation Timeline
- Confirmed Service List
- Third Party Certification Details
- Pilot Phase Plan
- Business Rules Draft

Identified Stakeholder Concerns

- GPS
- Pre-Determined locations
- Billing
- Efficiency of State Model
- Burdensome

- CDASS
- Soft Launch costs
- Third party vendor incompatibility
- Client/Attendant shifts

Top FAQ

1. Why is the department moving ahead with developing a system if there is a delay?
2. Has CMS offered anymore guidance?
3. How do I know as a provider agency which system I should choose?
4. What are other states doing?
5. Will Sandata be at future stakeholder meetings?

Next Steps

- Continue to develop Business Rules with Sandata
- Develop Training and Pilot plans
- Develop new FAQ's for stakeholders
- Next stakeholder meetings
 - September 25, 2018 – Participant Directed
 - September 26, 2018 – Training/Communication
 - October 4, 2018 – Privacy
 - October 16, 2018 – Next General Stakeholder meeting
- Sandata Introduction meeting in the works

Your Feedback Matters

*"Tell us what
you think!"*



Please share your solution focused feedback to the department at:

EVV@state.co.us

Contact

Lana Eggers

&

Danielle Walker

EVV@state.co.us