Electronic Visit Verification Stakeholder Meeting
Closed Captioning Transcript
August 18, 2020

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Please stand by for realtime captions

Good morning, everybody. You are in the right place. This is the Electronic Visit Verification Room general stakeholder meeting. Today is August 18. We are going to give a couple of minutes for people to go ahead and get into the meeting. We are aware that it starts at 10:30 a.m. We want to make sure that everybody gets in. Just a couple minutes and we will start right up.

[Captioner Standing By]

Welcome to the electronic visit verification general stakeholder meeting for August 2020. Perfect. The meeting is up and everything. All right. Our mission is improving healthcare access and outcomes for the people we serve while demonstrating styled stewardship of financial resources. Welcome stakeholders. We are going to start with quick announcements and housekeeping. We have a new staff member on the team named Jordan Larson. He is the new stakeholder engagement person as well as a policy specialist. So as we start with introductions, we will start with Jordan.

Hello guys. I am learning how to do this. Hello. I am the new specialist. I will be working with a lot of you during these meetings. I am happy to be here.

I am Abby Leach. I am the data analyst.

I am Jody Davis. I am the project coordinator.

Hello I am Alyssa. I am the operations analyst.

This is David, quality assurance specialist.

This is Lana with administration and compliance supervisory.

This is Katie Maguire for participant direction.

This is John. I am the policy specialist for the state plan service. I am sorry for not introducing myself before. [Laughter] I was tossing everybody else into the mix there. I will be presenting this month. The meeting purpose, the purpose of this meeting is to engage providers, members, and other stakeholders as the department works to implement letter EVV for community-based services offered through both the state plan and waivers. Specifically today, we are reviewing the EVV, legislative mandate, and the scope of implementation.

We are discussing EVV project up dates and we are providing a platform to gather stakeholder feedback. Today in the meeting, we ask that you mind your manners. [Laughter] identify yourself when speaking. I will also do that as well. Please do share the air. As we are having conversations back and forth, make sure that there is the capacity for people to have a chance to speak. Listen for understanding. Stay solution and scope focused. We have got a pretty packed agenda today. We are going to keep moving through things. We have already done the introductions. We are going to hop into a brief overview of EVV for new people. We will talk about the mandate. We will discuss department EVV memos. We will discuss program up dates. We will talk about the call-center report department data analytics. We are going to do a quick dive into what the resources are that are available online. We will talk about the training and support that is available. We will talk about stakeholder engagement. We will also have an open form for any questions, comments, concerns that have not been specifically addressed during the meeting.

So we will start with an overview of EVV. What is EVV? Electronic visit verification, EVV is a technology solution which verifies information through mobile application, telephone or web-based portal. EVV is used to ensure that home or community-based services are delivered to people needing those services by documenting the precise time service begins and ends. Section 12 006 of the 21st century cures act requires all state Medicaid agencies to implement a EVV solution. States that do not implement EVV will incur a reduction of federal funding. The department has mandated EVV for all Colorado required services beginning August 3, 2020. The state EVV solution uses three technologies there is a mobile application. This is right on your smart phone. There is telephone he. This is when you call in using a telephone and touchtone dial. There is also the provider web portal for administrative and fixing EVV records. EVV captures six main data points. The type of service performed, the individual receiving the service, the date of the service, the location of the service delivery, the individual providing the service, and the service time, beginning and ending.

[Pause]

These services are the ones that require EVV in Colorado. It is personal care, pediatric personal care, home health, this includes RN, LPN, CNA, PT, OT, SLP. It deals with private duty nursing, hospice, homemaker, respite provided in the home or community, consumer directed attendant support services. In-home support services, independent living skills training, life skills training, physical therapy, occupational therapy provided in the home, speech therapy provided in the home, behavioral therapies provided in the home or community, pediatric behavioral health, youth day, and not durable medical equipment. We will get to that.

These are the service types groupings. This is when utilizing the EVV record systems , the type of service that is being performed is what is reported. These are in the EVV records. These are the different types of groupings that are used in Colorado. We will discuss service location. This is very important as we are talking about EVV. EVV services happen in the home and in the community. EVV does not disrupt this flexibility of service location. Facility based services are exempt from EVV unless otherwise noted. The intention is to capture those patients where the service occurred.

Here we go, does anybody have any questions on the line about the brief overview of EVV so far? There is a question and answer box that you can type in questions, we have people that are answering those questions. These are the people that introduced themselves on the telephone. Also, if you press star 6, you can unmute yourself and ask a question.

I have a question. I have a question.

Go ahead.

So for the location, how is, what is the guidance around when we are doing telehealth?

That is an excellent question. Telehealth is where the client is located in the service. So, this is when services are provided. If the method that is recording the EVV record, if that is taking the client's location. Everything is good . If the method automatically records where the caregiver is, the record needs to be updated to define the location. We do have guidance for that on the EVV website as well. We will be pointing you directly where that is later in the presentation. Are there any other questions at this time?

Can you confirm that behavioral therapy includes ABA providers?

ABA or ADA? B, block applied behavior analysis. I am also aware that some ABA services are nuanced. If you have specific questions, email the department. We can understand exactly what you are asking.

Great.

Yes, those are for pediatric behavioral therapies. It is in a lot of different situations. We are happy to work with you individually.

Moving along to the EVV mandate . This is the Colorado EVV mandate. EVV is required by section 8.001 of the Colorado code of regulation. The department will monitor compliance and outreach provider agencies who are not fully utilizing EVV. Providers who are experiencing unavoidable delays should contact the department. Providers not making an earnest effort to utilize EVV may be subject to compliance monitoring, request for written response, or overpayment recovery.

On January 1, 2021, claims without corresponding EVV will be denied. We will go more in depth into the guidance that was issued by a memo. I am sure that more questions will arise. In the implementation timeline, this is the general overview of where we are as EVV is going forward. September 18 of 2019, we got the good faith effort request approved by CMS. October 1 of 2019, the state EVV solution and data aggregator went live. At that point, everybody was able to get in and start using EVV as soon as they wanted. From that point, October 1, 2019 through August 2, 2020, it was art designated soft launch period. This was before the mandate was full and there was access to being able to use EVV.

Beginning August 3, 2020, the EVV mandate went live. Providers must use EVV. Beginning October 1, 2020, through December 31, 2020, post payment claims review for providers who are not making an earnest effort to use EVV. This is possible. And then beginning January 1, 2021, pre-payment claims review, this begins. That means claims will deny without a corresponding EVV on record. Some implementation reminders are here. The state EVV solution and data act rater is live and available for use. This time now, when it is mandated, before the claims are fully integrated, this is an opportunity for caregivers to practice EVV collection and for members to become accustomed to using EVV. This is an opportunity for providers to use EVV before claims integration. Claims will continue to pay and EVV errors will appear on remittance advice without consequence. That is DOB 3054. That is without the financial consequence.

This is until January 1, 2020. All claims will be there. Implementing early helps everyone by helping the department identify and develop supplemental training materials. We will discuss department EVV memos. Department memos are available online. If you are in the Adobe meeting and you see the file to be downloaded, if you download this and you are looking at the PDF of this slide, you can click directly on the link to get to the department memos page. All salient points are discussed in stakeholder meetings. Memos may be used as references and official guidance from the department. You will not miss anything by not being an avid reader of the memos. If you are involved in all of these meetings, this is true. These are good reference points to be able to go back to and see exactly how things are being done.

The first memo with the link is directly on the slide. There is a policy memo regarding state statutes. This does supersede the previous address confidentiality program, EVV guidance. This was PM 20 dash 001. This is about how providers and caregivers can use EVV while protect thing ACP program participants. This is a fairly unique case. It is not super common. We are not going to spend too much time in the general stakeholder meeting. We are aware of it. We are looking forward to working with anybody who has specific questions, comments, or concerns. Let us know if you have any questions. The guidance is posted.

Secondly, policy memo 20 dash 006, this is a policy memo regarding the code of Colorado regulations inclusion of durable medical equipment or DME in the EVV program. We have removed DME from the EVV program entirely. It has been functionally removed and the removal from the rule is forthcoming. Again, if you have questions, please let us know.

So this operational memo clarifies the code of Colorado regulations EVV compliance timeline. This is what we were starting to speak about before. This is directly in the format of a memo, and operational memo. This supersedes the previous EVV mandate timeline which we released earlier in the year to give everybody a sense of how EVV was rolling out and being implemented. Again, there are direct links. They are in here. There are two links. The first link is to the EVV memo. This gives the direct timeline and the second link goes to the rule so that you can see it in the code of Colorado regulation, if you are so interested. This memo discusses the stages of the EVV compliance timeline and the multiple supports for EVV users. So we are going to do a little bit more examination of this here. The first compliance timeline stage is compliance monitoring. Beginning August 3, 2020, providers not using EVV must submit a written plan to the department outlining their intent to utilize EVV and when compliance is expected.

Provider expectations during this time will be addressed. It deals with training to be completed immediately. This is in order to get into the EVV program. Training must be completed. Client and employee data must be entered immediately. Providers must make an earnest effort to collect EVV data.

The second compliance timeline stage is overpayment review. This is beginning October 1, 2020. It is in addition to the August 3, 2020 enforcement requirements. All claims are subject to EVV requirements will pay initially. , But played claims that do not have valid matching EVV records may be subject to department review and recoupment as overpayment recovery. Provider expectations at this time are these. It is to improve the percentage of noncompliant claims billed. It is to establish communication with the department regarding any issues impeding implementation. It is to respond to department guidance appropriately.

[Pause]

[Captioner Standing By]

Individuals were interested in having conversations with providers as they were doing their presentation so please to keep in touch. The third compliance timeline stage is prepayment claim adjudication. This is beginning January 1, 2021. It is in addition to the October 1, 2020 enforcement. All claims submitted to the department that require EVV records must be matched to valid EVV records to pay.

January 1, 2021 also marks the beginning of tying EVV compliance directly to the Colorado Medicaid provider agreement. The provider expect Haitians are that all EVV records are collected appropriately and transition into claim integration this should be done as smoothly as possible. Also in this compliance timeline memo our user supports. The first support option is the state EVV solution interim option. In order to assure that all claims will pay once there is the transition to the prepayment claim adjudication stage, it is possible for any provider who is using a provider choice system, they may use the state EVV solution until such time there provider choice system is able to interface.

If there are technical issues that are preventing provider choice systems from interfacing correctly and making sure that all of the EVV records are in, there is an interim option. It is available for use. This is set up with a clean process flow of everything. As soon as there is a switchover, it will essentially switch from using the state solution to the provider choice solution. This should be as seamless as possible. Also, providers are able to switch to different EVV vendors. That process is discussed directly in the memo.

CDASS vendors may also switch according to the rules of the vendors in the department. There is also implementation coaching as discussed in support pathways. Again, we are always very interested in working directly with you to make sure that your implementation process is as smooth as possible for you. Does anybody have any questions directly about this compliance timeline or any of the other memos that we were talking about?

I have a question about the, I believe it is the temper first timeline. So if we are not using EVV at that point, you know, there is a chance of recouping money. Now, if we are still waiting at that point for our data to be uploaded, does that still apply? This is because Sam data has not given me a timeline of when they are going to get our upload in.

Yes, thank you for bringing this up. There are two things. The first piece is if you are experiencing technical difficulties in that time, please do keep the department and praised of what is going on. The October 1 is really about making sure that people are implementing it more and more. This is so that we can begin to have more enforceable conversations beginning October 1, this is for those that are not showing effort. We can have more escalated conversations. If you are already using a EVV program, you are already getting in, it is going to be working soon. Then, as long as you are working with the department, you do not need to worry about the October 1 call that is going forward. The second piece of that is if you are having any difficulties with working with Sam data, the department is very

interested. We do track all of those conversations. We track those service tickets as they progress. We have regular conversations with them about how to make sure that that is moving through as fast as possible. So if you have not already reached out to the department with that, please do let us know. This is so that we can help track that with you and make sure that it is resolved as fast as possible.

Thank you.

Thank you. Are there any other questions right now? Hearing none now, we will keep moving. We will also have the open forum at the end. We will talk about program up dates. The first one is live in caregivers. I will turn it over to David.

[Pause]

Hello everybody. This is David. So as far as live-in caregivers go, the live-in caregiver exemption option is something that the department opted into. The provider agencies are the final say on whether they choose to collect EVV from live-in caregivers or not. What we are looking for is a live-in caregiver at the station form. You can find that at the resources page on the website. They must go directly to the provider agency or the spender that bills the department directly for the services provided. It is their job to validate the information in it they will bill is appropriate. The only reason you would send these forms to the department is if they are attesting for part C, extenuating circumstances. In that case, the department is going to give you a preapproval in which I will find the form. After the program site approves it, we will send it back to you to send to your provider agency.

The process is the same as any other form. They will validate the information. They will approve it, sign it and bill for it as appropriate. The rates do not send part a or B forms to the department. And once you do send them in and have the form validated, they are really only affect you for a year or whenever the information becomes outdated. In other words, it is whenever there is a change needed in the form. This is as far as the definition of the relationship between the caregiver and the member at receiving services living in the same residence.

Again, the definition is not based on a relationship or a familiar relationship. It is completely based on sharing residence. And, just to add a little bit more on to that, the live-in caregiver forms are not the appropriate way to ask for reasonable notifications regarding the ability or accessibility to use technology. If you do need help with that process, feel free to email the EVV inbox. I will gladly help you walk through that process myself. That is it for me. If anybody has any questions regarding live in caregivers, I am happy to answer those now.

Okay John, I think it is you.

As we briefly touched on at the very beginning of the presentation, durable medical equipment, DME has been removed from the EVV program. This is also discussed in the memo. Also hospice inpatient care no longer requires EVV records. So because we set up the system to include both DME and hospice inpatient, those selections will still be visible on the mobile application and in the system specifications. This is even though those are not required anymore to be used. Those are still kind of an artifact system. This is just a heads up. Those are in there. They are not being used. Secondly, we will discuss hospice. Due to the unique federally mandated payment structure for hospice services, hospice services are exempt from prepayment claim adjudication. Hospice services are subject to compliance monitoring and overpayment review only.

[Pause]

This is when EVV is possible for in-home hospice, it is required. We are aware at the department that hospice has a very unique billing structure. It has been doing so for a very long time. EVV is not being utilized to change that payment structure or how hospice is delivered. It is being used to get insights into how EVV is being delivered at the time of service. So where possible, use EVV . Where it is not possible, then do not. And then we will be continuing the conversations with hospice as the program keeps developing.

We will probably go in between 12:00 and 1:30 p.m. Okay.

If there are questions on the telephone, please go ahead and hit start 6 to unmute. It sounded like there was the beginning of the question on a telephone.

Okay. Yes. This is what it should be. If there is no wait, do you know what I mean?

Okay. If you are not asking a question, we ask you to please meet you at your telephone. If anybody is asking a question, please do go ahead and hit start 6. This is so that we can hear you. Hearing none, we will keep moving in the presentation. We will talk about the call-center report. For this, I will turn it over to Alyssa.

Hello, this is Alyssa. Just to start off, we have the call-center phone number specification. It is on the screen right now. You can also email them at the email on the screen. This slide shows the total incoming calls for the Sandata call-center. Each bar accounts for the total calls that week. We are seeing an increase in calls toward the right side. And then on the next slide, we have the average percent of calls captured from the initial go live date to our current date now. This includes the percent answered at 97.93% and then the percentage of banded at 2.07%. So-called time and what to expect will be addressed. The average wait time for call representative is about 24.2 seconds. That is going to be the point from dialing the number two getting into talk to someone. And then, the time with a call representative is about 10.5 minutes. This deals with talking with the call representative.

And here we have the top five call-center questions. The top one is creating a client. This is followed by creating an employee and visit maintenance with exceptions. Then we discuss security, EVV password reset and then visit maintenance, visit review. For a EVV password reset, you can reset the password of your caregivers. If you as the administrator get locked out, you have to call Sandata to do the reset .

Okay and then we move onto the next one. We talk about how we can answer our clients, employees, and visit maintenance questions. If you are on the main EVV page, the top right button will be the solution. If you are looking at the slide, it is the one that is highlighted with a red box around it. If you click on that, you will see a couple different links to the training materials. Two of the important ones that I am pointing out here, the first one is the EVV agent provider participant training guide. This is going to be the really large comprehensive document for any training related questions. Even if you are in the solution provider portal, you are looking on the left side, there is also an entrance to this one. You do not have to go to the state solution page for this. We have a link here for easy access. And then if we are looking at the last one with the second arrow pointing it to it, this is the EVV self-paced training supplemental. This is going to be more Colorado specific questions. It is specific to our implementation rather than just the few full use of the ad itself. Again, this is all available on the website understate solutions. Any questions?

All right, hearing none, we will keep moving. EVV department analytics, excuse me. For this, we will turn it over to Sydney.

All right. I have a few different slides for us today. We will go over the soft launch phase in Colorado. And, we will talk about the success of it. We left the soft launch phase on August 2. This was in 2020. So at the end of that phase, we expected 100% of providers to bill for EVV services, to have used a EVV system at least once. However, as you can see on this graph, we only saw 45% of providers interacting within the EVV system by August 3. So therefore, we have adjusted our expert Haitians.

Now we are aiming to reach 100% by the end of December of this year. We will have to see an increase of just a little under 12% each month. I have indicated with a yellow star those milestones for each one. So in the upcoming stakeholder meeting, I will keep you all up dated on our progress towards this new goal. And hopefully, we will surpass our monthly milestone. This should be before we actually get to that.

On the next slide, you can see the percent of paid EVV claim lines without an EVV error this week. This is what John was speaking about earlier. It is EOB 3054. If you see this number on your admittance revise, it means that the EVV claim line does not have a matching EVV visit. Come January 1, 2021, if that EVV claim line does not have a matching EVV visit, and your remittance advice says EOB 3054, your claim line will deny. So I will be keeping track of this percentage in the next few months. And, hopefully we will see our percentage grow. This is

because right now, it is sitting at roughly 2% of all EVV claim lines. These are set to pay come January 1, 2020.

And then my final slide here is for providers who have used a EVV system at least once. The state is referring to them as utilizing providers. Providers who have yet to interact with EVV systems are referred to as non-utilizing providers. So I have broken down those two different groups by provider type. And the color legend for those provider types can be found at the bottom of the slide. So if you are not familiar with the number, type XXXVI is H DDS. 35 is practitioner, 10 is home health. Those three groups are the most popular utilizes and also, they are the most popular non-utilizes. I have the counts of those groups above the pie chart. So we have 1181 non-utilizing providers. We have 331 utilizing providers. So again, over the next few months, I hope you see the number of non-utilizing providers decrease and the number of utilizing providers increase. We can reach that 100% billing providers who have interacted with the EVV system. Are there any questions about anything that I went over?

[Pause]

[Captioner Standing By]

Okay, I am not hearing any questions. [Laughter] we are not hearing any questions. We will have the open form at the end. We are going into resources. The EVV website which we refer to quite a bit, this is if you go to the link that is displayed on the slide, this is at the very top. This is the timeline as we were discussing before. And, just this is a really clean easy format. It is so that people can see where we are. EVV is now mandatory for all required services. This is right at the top of the EVV website.

Right below that timeline, there are these different boxes. You can choose what you are interested in. If you are brand-new to EVV, the top left is going to be very useful. We have it broken out into easily accessible pieces of information. The bottom left is resources. This is what we refer to a lot of people when they are asking the EVV inbox about what is really going on. How do you get more guidance? This is going into this. At the top is the department guidance. One the most commonly asked for things are the EVV types of service. This is the service code inclusion. That has the redcoats for EVV right there.

A lot of people are asking general questions. There is the frequently asked questions page. This is the very top. This also has the telemedicine guidance. It deals with the alternate location guidance and how to up date provider email addresses. This is that DXC. It deals with EVV detail and soft launch and bulk upload processes. They actually have outdated guidance on address confidentiality. As we are up dating the website and updating guidance, sometimes things are little bit out of date. If you notice that, please feel free to let us know. This was, as of this morning, this is what it looks like. Specific two state solution

materials and provider choice materials, these are really good guides for what is specifically going on.

At the very top is the caregiver guide for the mobile application. This is a how caregivers use the mobile application set up and use telephoney. These are really good resources for using a state solution. The provider choice materials have the red arrows on them. Many times, people ask questions along the lines. Is this information required for EVV or is it not? These provider choice materials actually lay out in detail what is the information that is being required because this is what we require from other vendors. They are doing the provider choices.

So if you have any questions about that, all of that is directly part of the website. Next we have lived in caregiver resources. This is for the attestation form in both English and Spanish. Also, there is a direct link to the operational memo. This does talk about every aspect of the live in caregiver exception model. The other communications and this is kind of the last bit of that resources page. One of the issues, it has not been in the last week or two but the frequently asked questions for the caregiver letter deal with how to let caregivers know that this is coming out. This has the red arrow. Also, there is what exactly is the 21st century cures act. That is the second red arrow. It is a house built. This is just HR 6042. It deals with the House of Representatives. That is where the federal document is housed. If you are interested in reading that 21st century act in its entirety, there is a direct link.

Now we will discuss training. There is required training. Billing providers must complete training to access the state EVV solution or the provider choice date aggregator. Training is online, self-paced, and available 24 seven. The first person to complete the training for an agency will be sent the agency's access credentials with and 48 hours. Provider agencies may contact the Sandata help desk for accessing credentials after completing the training. Providers with multiple enrollments may contact the Sandata help desk to bypass multiple trainings. The training links can be found on the department's EVV website. So this is how to access the training. Again, off the EVV website, in the top row, this is depending if you are using a provider choice system or the state solution, the trainings are actually different. We have the direct links from both in order to reduce confusion. If you are using your own system, tying into the EVV system, you will be selecting provider choice. If you are using the state EVV solution, then you will be selecting this top right.

Starting with provider choice training, when you select that option, on the website, then you just go down to the training for provider choice systems. You register for provider choice system training. And this link actually, you do not have to be the designated person to click onto that link. Anybody is available to click the link. You can see what the training is. You can go to the training. However, if the email that is directly associated with that is not directly associated with an email that is in your provider file, this is the fiscal agent, it will not send you the credentials to login. So if that does not come across clean, contact the

Sandata help desk. Make sure that it is directly associated. Then you will be able to get the credentials to sign in.

The EVV self-pay training supplemental is very important. This is because the Sandata system is a commercial, off-the-shelf product. What that means is what they have works for every instance for EVV . We have specific needs and requirements in Colorado. So we have the EVV self-paced training supplemental in order to give advice about what is actually used and needed in the state. Soap both of those links are important. If you have the self-paced training supplemental open while you are going to the training, that is the best way to use it. The second piece is instead you are using the state solution training. Again, you click on the button on the website. You scroll down to training for the state solution. Again, you register for the state solution provider training. Again, you do not need to be the only one person. Anybody who is interested can click on that link. However, only those who have the affiliated email are going to be able to get that credential.

So the training resources, the EVV agency provider participant training guide is actually the updated training guide where we give a lot of information about how the state EVV solution works. This is, it has screenshots. It has how everything views, the process. That is a really great resource to use. It is available online. You do not need to printed out. The EVV planning supplemental material guide is the addendum to that first link. It is the EVV agency provider participant training guide . It is updated to Colorado specifically. It is not being just the commercial off-the-shelf product. Then we also have a link to the self-paced training supplemental. This up dates the video training that is the commercial off-the-shelf. This gives that information that is used in Colorado.

Now we will address support. If you have any questions about any of this that is going on, we have been referring you to the help desk quite frequently. This is the EVV support pathways. This slide is also available directly from the website . If you click on support or contact us, this slide is also available. It is important to kinda step through it and make sure that it is clear. The first pathway of the EVV help desk is available by telephone or email. The purpose of using the EVV help desk is for those using the EVV, the state EVV solution or interfacing provider choice systems or any questions about Sandata trainings or about EVV accounts including creation passwords, anything to deal with accounts. There is nothing you need to prepare before contacting them. The response time is as soon as you connect on the telephone or email and, within two business days, they will be getting back to you.

The second pathway, the support pathway is the DXC or the billing or financial, fiscal agency. It is a help desk. They are available to by telephone. This is for all provider billing or claims processing questions. Again, nothing is needed before contacting. As soon as you are on the telephone with them, you are connected.

The third pathway is the EVV inbox. This is directly connected through email. The purpose for this is the department approval of live in caregiver exemptions. Again, as David was

talking about, go to part C, not part letter a and B. Policy and program answers, why are things like this here? How do things like this work with other programs and systems? Also, especially right now, it deals with escalations from other support methods. To prepare before contacting us, of course, if there is an approval of a live-in caregiver exemption, have all of that documentation ready for review. Also, helpdesk documentation, if you have been speaking with the EVV help desk or the [Indiscernible] help desk, we are really interested in any in, just forwarding emails to us is fine or if you have and speaking on the phone only knowing who you were talking to and when is going to help quite a bit when we try to figure out what is really going on. This is especially if you have a ticket number or anything else. The expected initial response time is within a week. We do have the inbox to send an automatic request. This is so that you know the email comes through to us. We do get through all of the emails as fast as we can. Obviously, we have a number of them to look through.

We do encourage starting with the EVV help desk and the DXC help desk. This is for the normal run-of-the-mill questions. Use the inbox for the escalations for the department. This will deal with department responses to you your issues. This is also just a more broken out version of the support pathways. There is the inbox. This is the state, accessing the state directly. It is for state determination. There is also the HCPF listening session . There is a link for that. It is directly in this slide. The telephone number and the participant code to call and is there. The list sessions are essentially like office hours or just a time to drop in and listen to people's questions as they are implementing EVV for their own selves. It is the first Thursday of the month and the Thursday after the general stakeholder meeting. So in two days time, 1030 in the morning, we will be having another listening session. Everybody is welcome to call in and see how other people are implementing. It is much less formal than this meeting. It is just designed to help people who are implementing and getting a sense of what else is going on.

The DXC billing helpdesk is here. The EVV help desk is the main EVV Sandata telephone number and email. It is for provider choice interfacing. You can get to the provider choice interfacing by just calling the help desk. They can forward you. If you are interested in just calling them directly or sending them an email directly, this is the information. [Indiscernible - low - volume]. This is the whole spectrum of port pathways broken out in detail. We have more information about the EVV listening session. This is an informal setting for instance about EVV implementation. It is open for all to listen to questions and responses. No new policy or processes are released in the listening session. The general stakeholder and the normal email pathways that we use for all of our normal communication will be disseminated regarding new information about EVV. This is really about people working with information that is already out there. They are making sure that rings are working and finding where things are getting stuck and how to move through things. This is just a review. It is the first and third" Thursday of each month. It is the Thursday following the general stakeholder meeting. The next session is on Thursday, August 20, 2020. This is, there are links directly to it. It is on the department's EVV website under stakeholder

information. We will address stakeholder engagement. With the bringing in of the listening session, we are going back to having quite a few meetings every month.

We just wanted to put this in a visual so that everybody could see what the EVV recurring meetings are. The general stakeholder is the third Tuesday of the month. The next meeting is September 22. The member and caregiver meeting is the last Tuesday of the month. The next meeting is August 25. The listening sessions are the first Thursday of the month and the Thursdays following the EVV stakeholder meeting and the next meeting is August 20. If you are interested in having a calendar invite on your personal calendar, you can email EVV at the appropriate address. We can actually send you a direct calendar invite so that you have any of these meetings or all of the meetings. This is on your own personal account. The contact information is again here on your screen. The website is here. And yes, we have gotten through. We are going to be going into the open forum period.

We have plenty of time. I have been instructed that we will be starting off with a question. This is will we go over the tele-met, tell a behavioral location requirements. So, the guidance for EVV and telemedicine is already posted on the EVV website, under resources. This is what we were discussing earlier. However, one the big things to keep in mind is as telemedicine and telehealth is developing in the state of Colorado, various benefits will have new requirements. EVV is its own aspect and it is just doing EVV. It does not determine how any other telemedicine and telehealth requirements should be moving forward. So as the advice and guidance from the department develops, that may supersede what the advice is from EVV. However, it will not conflict.

So while we are, the general advice is just the grand overview. It is in general. If it requires, if it is a EVV required service that is being delivered, if it is done in telehealth or telemedicine, it does require the EVV record . And it requires the location which is where the member client is at the time of service. There are more details and nuances that are developed in the guidance. We are also very happy to have these conversations with people. Again, you can email the inbox. At this time, if anybody has any questions, comments, concerns, please hit star 6. You can ask.

[Pause]

[Captioner Standing By]

Excellent, we had a comment coming. I just want to say I have had great success with Sandata customer support. We have the chat absent on the Sandata website . That is excellent feedback. We are always interested in what works and what needs improvement. Thank you very much.

[Silence]

EVV Stakeholder Meeting Closed Captioning Transcript – August 2020

[Captioner Standing By]

Another question that is coming in through the chat is are there a lot of issues with third-party interfaces. As with any implementation, there have been hiccups along the way. However, the process has actually been moving reasonably smoothly. We do ask of course that if you are having any issues at all with your interface process, please do let the department know about it so that we can help you with that. The whole reason why we have been having the system open for everybody to be able to engage with directly is so that there will be fewer issues with the interfacing. As we are stepping up our implementation, we are aware that some people's is this models mean that they would like to wait for a while before trying to engage.

We really do encourage you to use this immediately. It is mandated to use EVV at the time. So as soon as you are fully using it, completely at your like getting every record in cleanly, then you are going to be able to find the full use of it. Also, another note, if you are using your own provider choice system but it is not interfacing necessarily correctly with the department, yes you can still use your provider choice system to the full capacity. This is as soon as the interface comes through. The entire file can upload. You do not have to wait to begin using it.

There are some questions about what happens with EVV requirements around Medicare or private payers and records. The EVV program at the time is only a Medicaid requirement. And so, nothing, we really are just focused on the Medicaid portion. If it is a dual eligible member, we always recommend to just collect the EVV so that we have it on file. Therefore, if there is ever a partial payment needed or if there is a new eligibility, if eligibility gets back dated or something else, if there is some new span of time where they need the EVV record, you will already have the EVV records. There is no conflict with that. But the EVV records to not tied to the other programs. Again, there is the opportunity to hit star 6 and ask a question live if you are interested.

[Pause]

[Captioner Standing By]

There is a question about address confidentiality. Does a member reach out to the department to become in [Indiscernible - low - volume]? Again, if it is a member that wants to become involved, they can do so. The member responsible for letting the provider know is relevant. The address confidentiality program is actually administered outside of the department. This is because there are different rules and regulations that govern ACP. We just say follow the rules and regulations. EVV will [Indiscernible - low - volume]. As far as becoming involved in ACP, it is very important to contact that program directly. It is, I mean, they have many ways of contacting them. We encourage you to reach out for that specifically.

And then, is the member responsible for letting the provider know? Yes but again all of that guidance will come from ATP. This is something that is fairly apparent as somebody is in that situation. It requires them to be protected by the state. They do, as a part of their program participation, they do reach out to those who are reporting their address and contact information. And they will work with the provider directly. If you have any questions about how to implement ACP within the EVV program, please do email the state directly. We can work with that . Of course, please do send and encrypt did email with that. This is so that we can discuss those issues.

[Captioner Standing By]

We just got a note that came across saying that there has been much discussion about location, Sandata told me my telehealth calls are automatically associated with the client's address in the system. I have not had any location exceptions,. If I'm doing something incorrectly, is Medicaid going to alert me prior to January 1?

So we will contact Sandata to discuss this specifically. There is a little bit of a nuance here. If you are using a methodology, that does automatically select the location of the client. In a state solution, that would be the telephonic solution. Right? That will automatically link to the address that is on file. That does actually capture that member location. If you are using a methodology like the mobile application, which records the location of where the device is, then that is not the location of the member. At that point, it would need to be up dated.

We do have advice on the website called alternate location guidance. It shows how to update that location directly. If you have any questions about how that is working, please do contact the state. We are happy to get you through that. There is also the written guidance which is online. It is available for use. We encourage you to use that as well.

This is Alyssa. Just to go off of what John was saying, because we are not doing any predetermined location, the GPS is getting captured. It is the responsibility of the caregiver and provider to say that GPS has captured your location. That is not the location of the client. You would need to enter a task. If you are capturing this on your device and it is the GPS, you are not going to get that exception in the provider portal that says the GPS is off this amount. We do not have that enabled. You would have to just enter that task and then the exception will show up.

Is the exception supposed to show up to be acknowledged when a provider enters the alternate location? This is the task on the mobile application.

Yes, it is. And we recently posted an issue on the website. We know that there are some issues which are not showing up in the portal. That is occurring. Please just send us an email. This is not an issue that we have listed.

Okay, thank you.

Again, we are on the line. We are available to respond to any questions, comments, concerns that have come up through this or from using the EVV. In the meantime, we will just have a quick announcement from David.

Hello everyone. While you all are thinking about some questions to test us with, I wanted to let you guys know that as far as compliance goes, I know that John covered a majority of become compliance expectations earlier in the presentation. He also did so in the slide. In September, we are going to be looking at August the numbers. This is from the mandate until August 30. We are going to be looking at what compliance looks like for our providers.

So, there will be communications sent out regarding those compliance measures. For example, deals with how many of your claims will be paid versus not. How far away or how much improvement might you see in your modifications and manual entries? These are not corrective option plans. These are not collaborative efforts of the department. We are just trying to use our tools of data collection and what we see in the RN for compliance in order to help you guys get to the best place possible, by January 1.

We know that providers should get no more than two communications. Most will just get one. We will not bombard your inbox. To look for that next month. This is so that you can see how you are performing during August or the first month of implementation. It will deal with what kind of employment we are looking for from you. If you receive a non-utilizing email or anything saying that you are not utilizing the system and it is incorrect, just go ahead and send an email to the EVV inbox so that we know that there is an earnest effort to utilize. We will get you [Indiscernible - low - volume]. Thank you.

Where can you find on the EVV website, the list of known issues?

I am sorry about that. It was on mute. If you want to just post that in the chat, I can just [Indiscernible - low - volume]. I think that might be the easiest way. It is on the main website.

Okay, it is not on the EV V portion?

Yes, you can just go to Colorado.gov/HCPF. That will take you to the main website portion. I am just grabbing where it is right now. I am sorry about that.

Okay, if you are on the HCPF website, that is just Colorado.gov/tran02. Under providers, that is the main section for providers. You can see that there is also a member section on there. The page you are looking at has all of the different buttons. On the bottom right, that has all of the quick guides and issues. And then from that page, there is another and that is just labeled issues. You can also at any time, just type into the search bar on the main page.

This is even if you are on the EVV page, there is a search bar. If you type in an issue, that should be the first thing that pops up .

Thank you.

Yes.

Also there is a question about clients that do not wants the caregiver using their telephone. We have started adding the caregiver never to the client's profile in Sandata . I just wanted to make sure that that is the correct thing to do. Tiffany, that is a great question. That is exactly what should be happening. In Colorado, we do not have predetermined locations. Although it is actually needed to have a set up like that, this is so that it works correctly. I am sorry, also just a quick note; when you call in from a telephone number that is associated with more than one address, you do need to make sure that you are connected to the correct address by putting in the Sandata client identifier in the state EVV solution. Those pathways are directly talked about in the caregiver guide for telephoney, for the state solution. As long as you are following the pathway, everything current next correctly.

I am sorry. Back to the known issues, I logged on that page. There is a lot of different categories, deals with finance eligibility, provider web portals, claims. Do I go under my specific provider type in order to find that? Is there a place for EVV specific communication? This is dealing with known issues.

Generally it will be under each provider that is considered effective. I can go and find that listed in here. Maybe we can send that to [Indiscernible - low - volume]. You should also get just a general up date from DRC when it is posted.

It might be helpful just to have a EVV related known issues tab if that is possible to add up here.

I will definitely bring that up to our website team that works with us. I will see if that is something we can do. I think that is a good idea.

As we are nearing the end of the allotted time together, please do keep thinking of any questions, comments, concerns about the EVV program. Also if you have any ideas for other things that you would like to have us have on our regular agenda for the general stakeholder meeting, please do also let us know. Is there anything else that you would like us to be covering? Again, star 6 will get it through.

[Captioner Standing By]

There is a question, can you explain how the interim solution works? This is while vendors are working on integration. We just need you to contact Sandata directly. Discussed that you

would like to use a state solution for an interim period of time. You have to have somebody complete the training online like we were saying before with the self-paced training. That will allow you to get access to the system. You can set up the system for regular use. As soon as you are fully interfaced and ready to go, you can convert over to the, to your own provider choice. Again, if you are using your provider choice system, in the meantime, you can get up to full compliance before it interfaces. As soon as it does interface, the information will come back through the system. It is also possible for anybody using the interim solution or it is advised and required to be working through the Colorado alt EVV folks to make sure that you are setting up and interfacing your system completely as it is going through the whole process. It does take some time to interfaces system to make sure that it is working correctly. So the reason why there is the interim solution is that there is no break in ability to pay for all of the services being rendered. So it does allow you to use the state EVV solution until such time as your own solution is fully working. Make sure that you are going through the whole interface process while also using the state EVV solution.

Hello, I have a quick question.

You guys are talking about the interim. Is that stating that we cannot stay on the state solution? Is it just for people that want to use the alternate one but they need to use the state until they get it set up?

Excellent clarification. I am very sorry if I was saying that it is displayed. Colorado does use an open model. This is really just a hybrid model. We allow for all providers to use the state solution or their own solution. You cannot use both at the same time. That is why there is the talk of the switch back and forth to whichever one you really prefer. But it cannot be both at the same time. It does have to switch fully to either the state solution or the provider choice.

Okay but there will always be a state solution, right?

Yes, yes, thank you for bringing that up.

Thank you.

I am not hearing much more feedback. Please keep in mind that this Thursday, when the information is on the website, we do have our listening sessions. We would be excited to continue the conversation with you. If you have any more follow-up questions, please contact us at the website. Contact us with questions about EVV or agenda items. Please do keep in touch. We will talk to you next time. Thank you everybody for your time.

[Silence]

[Captioner Standing By]

[Event Concluded]