COLORADO
Department of Health Care Policy & Financing

Electronic Visit Verification Stakeholder Meeting
Closed Captioning Transcript
December 17, 2019

Disclaimer: Below is the closed captioning dialogue captured during the EVV Stakeholder Meeting held on December 17, 2019. The spelling, names, and language may not accurately represent what was presented but rather what the Caption Colorado staff member heard through audio during the meeting. Should you have further questions or comments please email EVV@state.co.us.

>> Please standby for realtime captions.

Thank you for joining us today. This is the Electronic Visit Verification Stakeholder Meeting. I am the waiver administration and compliance supervisor managing Electronic Visit Verification as relates to home and community-based services. We will introduce other HCPF in the room and see if we have any HCPF staff on the phone.

My name is John, I'm the State Plan EVV Specialist and the person answering Q&A questions on the online chat box.

I'm Alex, community Home and Maternal Health Unit Manager.

Ryne and I'm the waiver administration compliance unit.

My name is David and I'm the EVV QA specialist.

Jody Davison, EVV coordinator.

Sydney, EVV data analyst.

[Indiscernible - low volume]

Do we have any HCPF staff on the phone who would like to introduce themselves? Everyone is muted so you would need to press *6 to unmute yourself.

When we did the conference phone switch, I believe our pods are not working. In the room, if you speak up, try to raise your voice as soon as possible and repeat questions or comments closer to the speaker.

We have Alyssa on the line, operations specialist. >> The mission is improving healthcare axis and outcomes while demonstrating sound stewardship of financial resources.

For folks in the room, restrooms are out by the elevator. Gender-neutral bathrooms are on the first floor and fourth floor has accessible restrooms. The purpose is to engage providers, members and other stakeholders as the Department works to implement EVV for community-based services offered through both the Steak a plan and waivers. We will review EVV, legislative mandate in the scope of implementation in Colorado. We will discuss project updates and provide a platform to gather stakeholder feedback. Please remind your e-manners, identify yourself when speaking, share the air, listen for understanding and stay solution and scope focused. The actual agenda is on the screen. We will do a brief overview of EVV. We have truncated the slides so hopefully it won't be repetitive information. We will discuss live-in caregiver solutions, self-paced e-learning supplemental, durable medical equipment inclusion list, address confidentiality program and what compliance looks like within EVV. We will discuss the EVV team and go over department analytics and have an open

format the end and discuss anything stakeholders would like to bring a. We will go over what EVV is. Electronic Visit Verification is a technology solution which verifies information through mobile applications, telephone or a web-based portal. EVV is used to ensure home for community-based services are delivered to members receiving services by documenting the precise time that service provision begins and ends. Why are we doing EVV? It is a federal mandate, act of Congress, Section 12006 requires all state Medicaid agencies implement an Electronic Visit Verification solution and mandate it for a handful of services. States that do not implement EVV will incur a reduction in federal funding. The department intends implement EVV for all Colorado required services in summer of 2020 and we will go over the timeline to clarify what we are doing in Colorado. It must capture six points of data, type of service performed to the individual receiving the service, location of service delivery, individual providing the service and the time the service begins and ends. Which types of services required EVV? In Colorado it is select fee-for-service, state plan and EVV services and ones that do not provide that our per diem services, managed care, program for inclusive care for the elderly or other capitated services. You will see on the screen the laundry list of services that require EVV in Colorado. Personal-care, pediatric personal care, home health, private duty nursing, hospice, homemaker, respite, consumer directed attendant support services, in-home support services. Independent living skills training, life skills training, physical therapy, occupational therapy and home, speech therapy in-home, behavioral therapies in the home or community, pediatric behavioral health, youth day, and durable medical Quitman.

[Indiscernible background noise]

The way EVV is implemented in Colorado is attendance in the home or in the community will select a service grouping. Instead of saying, I'm providing relative personal-care through the EVV waiver, there is a service grouping available in the state EVV solution and the service grouping for which provider choice systems need to mimic. This is a list of services that attendance we'll see when they are providing care. These are the list of services that providers will see when they are in their provider portal.

>> We still get questions around service location. The department is collecting EVV data when services are provided in the home or in the community. We do that because we recognize the majority of services that are on our list of required services can be provided in the home or the community. The intention is for and attended to collect EVV information wherever services occur. It's essential EVV does not disrupt the provision of service delivery and where services can take place. Services that happen in a facility or professional building are exempt from EVV like occupational therapy if provided in an office typesetting. We don't expect EVV to be collected for those. If you have any questions about phase of service or specific procedure codes, there is a document on her website that lists all of the procedure codes and revenue codes requiring EVV and corresponding place of service, if required. Colorado is implementing a hybrid model of EVV selecting and EVV vendor and will provide a solution at no cost. Providers may also choose to utilize their own EVV system if they choose. They need to make sure it meets Colorado rules, requirements and technical specifications. Data will be transferred from the provider choice system through the Data Aggregator so all information will look the same once it gets to this date. The three primary technologies used in the state EVV system are the mobile application, telephone and provider web portal. Provider choice systems will likely use similar technologies but they might be different depending on which vendor the agency chooses to go with.

[Indiscernible background noise]

State EVV solution is the system the state procured and is providing two agencies at no cost. Provider choice system is a system procured, purchased and use very their provider. Alternate vendor is the vendor who manages the provider choice system. The Data Aggregator is where provider choice systems will submit EVV dated to the state solution. If there's any questions about why we are doing EVV and what it entails, I would be happy to discuss those now.

>> [Indiscernible background noise] >>

The question was around respite care. The person stated she works at a respite care facility. It depends on which procedure codes are billing. If your billing fee-for-service codes, something that is in a 15 minutes or a

day units within the waivers, that requires EVV. The services that are exempt from EVV are services that are only provided in a facility our office type environment. Something like adult Day service or a alternative care facility. From my understanding, the majority of respite services to require EVV. We can help you get that information with our code list online comparing it to whatever services you are billing. If you have trouble finding it, let us know after the meeting and we will get that to you.

Home care. [Indiscernible - low volume] >> Is it possible to just use the telephone and that the mobile app?

>>

The question was if they can only use the telephone option and not the mobile apps. Both are available if a provider chooses to utilize one version of EVV over the other. That is their choice.

[Indiscernible background noise] >> I would caution them to be aware of the requirements for EVV.

[Indiscernible - low volume] >> The question is around personal-care and homemaker. Agencies are permitted to bill personal-care when providing an element of homemaker that is an overlap in the services definition. It depends on whichever procedure code your billing for. If the attendant is doing solely homemaking activities, you should bill for the homemaker procedure codes.

Unclear of part of the travel guidance and clocking in and out when the caregiver is at the location.

The expectation is that the attendant or caregiver will clock and when the service provision begins and ends. The department is well aware of how this works around travel times and we will get information to agencies as soon as we have something for you.

[Indiscernible - low volume]

Around policy with sister agencies, the current survey will remain the same until otherwise notified. Business as usual for certification and site visits. At this point in time, EVV is just the Department of Health Care and Financing. >> If you have an EVV or scheduling system where the bulk of it is, EVV will ask for access to that system. I don't know if they look at EVV data or if they will in the future. We have a state system with a party system and it's not like they will completely -- [Indiscernible background noise] >> We are in continual conversations with our partners.

This slide should be familiar to most folks participating in this meeting with information on where we started and how far we have come in the EVV project. We are in the soft launch period meeting the state EVV solution and Data Aggregator is available to providers to use if they choose. We highly encourage providers get in the system and start voluntarily participating in EVV. It is available what we have not mandated the use of EVV which we anticipate in doing summer 2020. Providers gained access to the state EVV solution and Data Aggregator on October 1, 2019. This is an opportunity for providers to familiarize themselves with EVV prior to integration for claims. If EVV is done incorrectly at this point as you learn the tool, there is no ramifications. It's a good learning opportunity for providers and caregivers. Claims will continue to pay and you will see a remittance advice and if you still have any questions on that, let us know. That will give you an indicator if EVV is meeting department requirements or when it is mandated. It's an opportunity for caregivers to practice collecting EVV. If your caregivers know how to use EVV and correctly, it will be last work on the agency going forward. It's a good opportunity to get everybody up and running. It will help the department identify supplemental training materials. If anything is confusing about EVV, now is the time to let us know before it is mandated. We anticipate mandating in late summer 2020. We did receive the good faith effort exemption.

DME providers will be participating in the soft launch. We have three slides that talk a lot about the same information. We are exploring solution into exempt care givers. We don't have information on the solution and for caregivers. We are working to determine what we can do to identify a live-in caregiver in our state and also in the EVV system. We will let folks know when we know. We are working on solution in for that. After EVV is

mandated we will have a claims integration point which will likely be the end of the year or by CMS mandate January 1, 2021. By that point if providers are not adequately using EVV for billing without a corresponding -- claims are subject to denial. There is a year getting to that denial point, so please get into EVV and let us know what you need for help.

This definition has not changed since our last stakeholder meeting. As most of you know one of the primary reasons we have delayed implementation of EVV is to exempt live in caregivers. The department worked with stakeholders in other states to come up with a definition of live-in caregivers. It will hopefully be inclusive and not provide any unintended consequences. The current working definition for a live-n caregiver is a caregiver who permanently, before an extended period of time provides in the same residence as the Medicare member receiving services. Live-in caregiver status is determined by requirements established by either the U.S. Department of Labor or the IRS. Verification of live-in caregiver status must be validated by the provider through an official department form. The department permits live-in caregiver establishment beyond the definition in limited circumstances. These are examples that might not be covered by the IRS including joint custody arrangements, children in foster care, members transitioning out of regimental services. Live-in caregiver status must be established as a member/caregiver relationship. If I caregiver provide services to more than one member, the establishment of live-in caregiver status only pertains to relationships where documentation has been provided and approved. if we have a live-in caregiver providing services to their family member, they may also provide services to someone not living in their home to supplement income and that person living in the home would not qualify for the live-in caregiver exemption. It would only be the relationship established and approved through documentation. That is the end of the slides around the timeline and update on live-in caregiver exemption. Are there any questions?

We will have more information on the timeline for the system solution probably in later January. Right now we are in the brainstorming phase and have a handful of options on the table. We have not confirmed which solution we are proceeding with and that has not been sent to contractors to date or to provide a timeline on. Hopefully that will happen in the next few weeks and we will have something more toward the end of January. John will go over some of the new documentation we have released over the past month. We have three new documents on the website providing valuable information.

The first piece is the self-paced learning supplemental on the website on the main website under the state EVV solution or provide a choice in the training section. There is a link to the self-paced learning supplemental. The reason why we produced this because Sandata provides a commercial product. We only use a specific parts of the EVV program. We give specific advice on how to just use the EVV components. It is broken into two separate sections. The state EVV is what you will see if you go through the state EVV training with 22 modules. It is more in depth. The provider choice is what is known as the Data Aggregator. It has viewing notes specific to it. Part of this also is where we are interested in knowing what you see as you do this. As you are looking through the usage notes, we have specific usage notes called out for people as they are looking at it the first time and what makes sense, what doesn't. If you start getting into it and you look back to the training provided by Sandata, what you wish you had known when you first go through it. These are the usage notes. All of the usage notes we have provided were actually feedback the department got from users that are getting into the system. If you have any helpful tips that the community would like, please let us know. The best way to do that is through the EVV inbox. When we were talking about durable medical equipment, that was a subset of home healthcare services. We were later told it didn't necessarily have to be part of home healthcare services. Other states decided to opt out of including DME. DME supplies in Colorado really support utilizing EVV to ensure the critical services are being delivered out into the home. Also to reduce any financial risk of service duplication. The department has worked with providers and industry experts to focus on the critical services that are going to be high impact, help out providers by including with EVV without increasing any administrative burden for people by including things that are really low impact. We developed code inclusions and those are published on the website in the service code inclusions booklet. It is all in one booklet on the website under provider resources. DME providers will be able to get into the soft launch in early 2020. We will notify all DME providers at that time. Next is the address confidentiality program. The big piece about this is that it is not a subset of EVV. This is its own separate and complete program. This is the -- if you Google ACP, you can figure out what's going on with it. It's not a part of EVV but EVV will comply with it. The

department will accept substitute addresses and phone numbers as a part of the ACP program. It is not a barrier to receiving EVV verified care. As a reminder, as the State is interested, we are very interested in receiving the minimum necessary data that comes through. This is a commercial, off-the-shelf product designed to be able to be a part of an entire administrative suite. People have payroll, billing practices through a Sandata solution and you are able to do that. However, we are only using the EVV component of this for the state solution. As a reminder, we are accepting through the ACP program or Address Confidentiality Program, we are accepting legal substitutes but as a general reminder, we are looking for the minimum necessary to get EVV to come through. We have ACP guidance specific to the soft launch in the interim before the mandate. This has already been published on the website. Contact the department if you have any questions. We would love to work with providers as that comes up. Does anybody have questions on these documents?

We will have additional information about the Address Confidentiality Program as we get further along in the soft launch and as we move towards the mandate. We will force that out as soon as we have that ready.

Next is the EVV Sandata Call Center Report. This is as people are calling in and this is the EVV help desk phone number and email. It is listed in the presentation and it is online and in the presentation. These are the calls presented in the last month. We know the slide is small. We tried to blow the numbers up. I've got them printed out. The week of November 16, 44 calls presented. 43 were answered and one was abandoned. 61 in the week of November 23, 61 represented, 23 answered, zero abandoned. The week of December 7, 31 presented, 30 answered, one abandons. The call center is live and working. Percent of calls answered in 60 seconds, which is the total number of calls answered in 60 seconds. The top line is 100%. Every week they were answering within 60 seconds. The last week they missed one, so that's why there's a big dip but it only goes down to 97%. On the previous slide, there were only 37 calls presented, so they missed one. The average answer and talk times. November 16, on average 12.8 seconds to answer. They stayed on the phone for 7.7 minutes. November 23, 10.2 seconds to answer and 10.2 minutes to answer or to stay on the phone. Week of November 30, 13 seconds to answer and stayed on the phone for 9.1 minutes. The week of December 7, 14 seconds to answer and an average of 10.4 minutes on the phone. Are there any questions?

We got a comment that *6 is not working. We will try to unmute all lines. Anyone on the phone, please mute your lines. I'm going to unmute, so please mute your lines. >> Also kudos to the majority of you who muted yourselves. I think I only hear one caller. Is there anyone on the phone? Anyone who would like to make a comment or ask a question? >>

There was a woman talking a minutes ago. Renee Farmer.

We can hear you. Please go ahead with your question.

I can't unmute myself.

We can hear you. I think all 80 people on the webinar can hear you. The floor is yours

Can you hear me now?

Yes, we can hear you.

I don't seem to be able to unmute myself.

You are not unmute.

I don't have a question. I'm trying to unmute myself.

Thank you, Renee.

Is there anyone on the phone who would like to ask the question? If you have a comment or question, please put it in the chat box. >> All participants have been muted, and you can unmute by pressing *6.

There's a question with in-home providers and technology. Is there any guidance on those people? Do we create calls for them?

If a caregiver on-site is having technical difficulties and getting an EVV to register, there is always the option for an administrator to put in the call as a manual event. That's also a requirement of all provider choice systems as well. It's a pretty standard option. The intention is for it to be as seamless as possible. We are obviously very aware we are all human and things are going to happen. This is a perfect example. We would love for the telephones to be working perfectly. We need to have a workaround if this was an EVV call we can do it administrative, manual entry after the fact and notate as well as possible what's going on.

>> We will have department analytics.

I am the EVV data analyst. Last month I was able to go over the program size. The current program size has grown. Providers are continuing to use the system even though it is not mandated. I do highly recommend providers get in and try to sit and visits. As you can see from this slide, we have more visit dated than we did last month. The service type list has expanded. We are getting different services submitted than we did a month ago. That's why it's a little bit larger. We have our three columns. These columns at the bottom can be used except for clients and providers. The only columns that can be totaled is visits because you can only have one service per visit. Clients can be delivered to multiple different services and in different service groupings. If you were to total the clients' column, you would not get 451. The totals at the bottom is our distinct count. That's exactly how many clients have received EVV services. For providers, it's the same thing. If you were to total that column, you wouldn't get 38. We have 38 providers currently using the system. Hoping that makes sense. Essentially this is a distinct count to figure out what kind of services they are providing. You can also see that homemaker and personal care our most popular services. We definitely have a lot of visit data. This is the explanation of verified versus unverified visits. For a verified visit, it means it is complete or has all six points of data in the visit. This is also cures-compliant, and if anyone is missing, it is incomplete and is not cures-compliant and cannot match to a claim align. I did a breakdown of the 4000 visits from the previous slide and broke it into how many of those visits have been verified and how many of those visits are unverified. We have a low percentage of visits being verified right now. There's no ramification for this currently. This is just to notify providers to try to verify their visits and get those six points of data submitted on every single visit. If you are a provide and testing out the system and seeing what's works, that's okay. We would like to see the percentages increase as the program continues. I also think that over time I anticipate creating a chart for all of us to see how the program grows. Obviously, with only two months of data, it won't be too helpful. If you do want to see what happened last month versus this month you can go on to our public website and we have all the slides so you can compare the two.

>> Your stats only include attempts.

There was a clock in or clock out or maybe a provider submitted a service type and doesn't have a clock in or clock out. I am counting all different, distinct visit attempts.

Is there a way -- [Indiscernible papers rustling]

Can we see where or when a visit was not attempted?

We are not comparing our claims to visits. In the future, obviously with the claim edits, we will be comparing the two. It hasn't been a priority for the department to see how many claims come in with EVV procedures that don't have a corresponding visit.

We will begin to collect that data. We know at least with the mandate and possibly sooner. Once EVV is mandated, we will be comparing the remittance advice and utilizing EVV to their claims data, so we will know

at that point if they are utilizing EVV or not. We hope we don't see a lot of folks not utilizing EVV at that time. We will have information providing that to stakeholders. >> [Indiscernible - low volume] >>

We were talking about how this data isn't overarching. There are very limited providers in the system and not a lot to base it off of. The more providers we get in the system, the more the data means. For providers in the system, we would be interested to know why some of your visits are unverified and why there is a high-volume unverified. It was asked to get providers using EVV in the room to talk to us. If anybody is in the room or on the phone who currently utilizes EVV and would like to talk about their experience, we would be happy to have you on the agenda item. We would be happy to talk about your verified versus unverified visits and what additional training would be helpful, what's going on and if you need help or assistance, so please let us know.

Any other questions for Sydney?

Coming down to the end of the presentation and cutting out those beginning slides took some time off. This is the upcoming stakeholder meeting slide. As a reminder, we have sunset it three subcommittee meetings. Because the system is live, we did that with the consumer direction in family caregiver, training communications, systems and privacy. We will conclude 2020 with you folks or 2019. I am a year ahead. We will ring in the new year with consumer direction. That is still scheduled for December 31. The next general stakeholder meeting is January 21.

The meeting will likely be in a different room. The general stakeholder meeting will not be held in this room. It will still be held at the department. We will get you more information. That is the conclusion of the formal presentation. We are in an open forum, so if there's anything anyone would like to talk about, we might try to unmute the lines again. Everybody has been unmuted. We are going to go ahead and mute the lines again. >> I might be dealing with that child then I'm off the clock.

I do think your question is relevant. The state EVV functionality that we talk about is clocking in and out with a 1:1 attendance with a member relationship. State EVV solution, and I assume many have a group functionality, because we are requiring and mandating at a federal level that group visits, if billing these fee-for-service codes, also have to collect EVV data. I'm spot checking right now. We have group respite as a required code, so you would utilize the group functionality. There's training around the functionality within the state EVV solution training. It will be good to do an online refresher. We have that web portal open for online refresher's. There is a group functionality and no one is excluded from EVV if the code is listed on the resources page, it is and we can talk after the meeting if you have more questions on that. Anybody else before we conclude? Thank you for coming today. Happy holidays and stay warm out there.

[Event Concluded]