COLORADO
Department of Health Care Policy & Financing

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

Disclaimer: Below is the closed captioning dialogue captured during the EVV Stakeholder Meeting held on February 18, 2020. 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.

This is the electronic visit verification meeting. We will start in a few minutes. Please connect to the online platform.

Good morning everybody.

Good morning. My name is Alanna Eggert for the electronic visit revocation stakeholder meeting. Thank you for joining us. We appreciate your participation.

We always start our meeting with the mission of the department which is improving healthcare access and outcomes for people who we serve while demonstrating sound stewardship of financial resources.
Hold on one second, I don't think my computer is updating. We are having a little trouble moving the slides along.

We are rolling now. Welcome everybody. For those in the room, the restroom locations are outside the elevator. Accessible restrooms are on the seventh floor and gender-neutral restrooms are on the first floor. We will do HCPF introductions. My name is Lana Egger. We are capped with [Indiscernible] for H DBS services. I will go to my right.

My name is John Lents I in the policy specialist for the state plan services. For services and policies.

My name is Ryan Fitzgerald I work in [Indiscernible].

My name is Judy I work with Lana and I am [Indiscernible] and policy advisor.

My name is [Indiscernible] I am a stakeholder specialist on behavioral health.
[Indiscernible-low volume].

You'll have to speak up in the corner because you are far.

[Indiscernible] project coordinator of participant director program.

[Indiscernible].

David [Indiscernible].

Do we have any HCPF staff on the phone who would like to introduce themselves? I believe everyone has been muted due to background noise so hit star six before speaking.

Hi it is Alyssa EVV operations analyst.

Sharon Jackson innovative services and care manager.

Anybody else on the phone who would like to introduce themselves.

Our agenda for today we just went over introductions. As always we will go over brief overview of EVV. The EVV mandate timeline. We will go over provider in fermentation survey results. We will look at the San data call-center report and the department of analytics and some other updates for you all.

We always ask that you mind your E manners, identify yourself when speaking, share the air, listen for understanding and stay solution and scope focus. The purpose of today's meeting is to engage providers, members, and other stakeholders as the department works to implement a chart electronic verification for community based services offered through the state plan and waivers. Specifically we will review EVV and the legislative mandate. We will discuss EVV project updates, review the implantation of timeline and generally platforms together stakeholder feedback.

Our quick overview of EVV. I always feel a little more validated going over this when we see new faces. Thank you. EVV stands for electronic visit verification. It is a technology solution which verifies information through application, telephone or web-based portal. EVV is used to ensure that home or community based services are delivered to people needing those visits by documenting the precise time that the service begins and ends.

Why are we doing EVV? It is a federal mandate, section 12 006 of the 21st century cures act requires all state Medicaid agencies implement the EVV solution. States that do not implement EVV solution well incur a reduction in federal funding. And the department will implement a mandate for EVV for all Colorado required services in summer 2020. We will go farther into this timeline in the presentation.

EVV captures the six points of data, type of service perform, individual receiving the service, the date of service, the location of service delivery, the individual providing the service, that is the attendant level, and the time that the service begins and ends.
Which types of service in general require EVV? EVV in Colorado is required for select fee-for-service state planned and H CBS waiver services. Services that are exempt include managed care services, other per diem services, case services that is programmed for all exclusive pair for the elderly.

Specifically the services on your screen right now are the services that are required in Colorado. We have personal-care, pediatric personal-care, home health including RN, LPN, CNA, PT, OT, SLP. Private duty nursing, hospice, homemaker, respite when provided in a home or in the community, consumer directed attendant support services, in-home support services, independent living skills training, life skills training, physical therapy when provided in the home, occupational therapy when provided in the home, speech therapy when provided in the home, behavioral therapy when provided in the home, or in the community. Pediatric behavioral health, youth day, and durable medical equipment. A specific point on durable medical equipment, the department had delayed implementation of DME while we figure out which codes to include in the DME E requirement, that has been solidified and is posted on the website. The code which require EVV under the DME benefit has been changed significantly. Those are on the EVV webpage under the full code list. If you are a DME provider, please review that document to determine which services, or the delivery of which items require EVV. If you're having trouble locating that document please feel free to email the inbox and we will direct you there.

Anything else you want to say about DME?

This is John Lynch with the department. I work with the DME services that are included. We have a number of excellent comments back about the services that are included with DME. DME is open and available. If you are a DME provider, please go in and use them. Both the programs as needed. We have determined that a couple

of codes are more of a mail service then a need to be at the bedside service. We are very interested in those conversations. Keep it coming.

As we discussed before, the way that this state implemented EVV these codes and one code list into the service grouping. That means we are attendant in the client's home, they don't have to scroll through hundreds of thousands of different codes to determine which service they are providing, so we have done some grouping. Instead of the attending clicking personal-care under the elderly blind waiver they would simply choose the service grouping of personal-care and that would cross reference the claim on the back end. What you see on your screen here is a list of the service groupings that you will see in the state EVV solutions and also the code groupings which will be required for provider systems.

Any questions on services or service groupings before we move on?

Service location. Colorado selecting EVV for all mandated services regardless of location of service delivery. In the long list that stated home or community would be in the home or community. The service location that would not be required is facility based environment or in a provider setting. We want to make sure that services are not disrupted with implantation of EVV. If a member is receiving services in the community at their job, those services would be provided as usual and the EVV would be collected wherever the services were provided.

Colorado implementation is what we call hybrid model, you may also here called open vendor model through the federal government. What that means is Colorado selected a state EVV vendor that we are allowing providers to use free of charge, that is in our data system. Providers can choose to use a provider choice EVV system if they prefer to procure their own EVV solutions. Their solution just needs to meet state requirements. Those technical specification requirements are found on our website under the provider choice page, I think it is called the provider choice page. Technical specification we would hand to the vendor who is developing the EVV system and they would know what to do with those. The provider choice system must connect to the state data aggregator. That is how we input all of the information and that is how information is collected. Once we get it in our system information will not look any different from a provider choice system or the state EVV system. So the state EVV solution and the provider choice are required to do training. Please note the training requirement does exist.

The solution is primarily using technology the mobile application that can be used on any device. Or the provider web portal. That is used for maintenance activities or in select cases to enter data when necessary.

That is it. Are there any questions before we move on? As a reminder for those on the phone you have been muted please press star six to unmute your phone.

I assume nobody has questions because they want to get to the next session which is much more interesting. The Colorado implementation timeline. We have been talking to you all when we are going to mandate EVV for some time. It has been a moving target it was delayed one year and then Colorado applied for and received good faith effort exemption. Colorado has determined the date in which we will mandate all providers to utilize EVV. That date is wrong. Goodness. We are off to a great start. The date is the third. Monday, August 3. I feel like we should upload a new presentation right now. Jodi, would you mind popping on the website to make sure that the presentation on the website is correct? Thank you. The date is Monday, August 3, not August 8. That is a Saturday.

Many apologies for that. Monday, August 3. We will have that date later in the presentation and it will be corrected. We will move on quickly to the timeline.

The Colorado imitation timeline, back in September we requested and were approved a good faith effort exemption by CMS. That meant we did not have to mandate EVV on the first of this year, which is great. We are already in February and we would be two months in. Colorado is using this time to work on solutions, to work on updating the rule and policy and procedures and we feel like we are in a good position to help provide

and implement EVV by August. The state EVV solution and the data aggregator went live in October 2019. What that means is that providers can begin collecting EVV data beginning in October. You can utilize the state EVV solutions in October, you can connect your provider choice system beginning in October and collect EVV data. From October 1 until when EVV is mandated on August third it is the soft launch period. What that means is EVV is voluntary. You do not have to collect EVV information, but we highly recommend that you do. Collecting EVV data right now will help us form our policies and procedures and it will help us form a training manual and it will help us know what things in the system need to be fixed prior to that date. Beginning on August 3 is the EVV mandate. That means all providers who provide EVV required services must participate in EVV. It will be mandated in the Colorado code of regulation. It will be part of the provider agreement.

We will be in a post payment review process at that time. What that means is we are not going to free payment review the claim. Say you bill for [Indiscernible] and the EVV data for that was not quite right . Understand that it is a learning process and not everyone has used EVV before and there may be something wrong, maybe one of the points of data is wrong, we will not deny your claim. However, if we are seeing blatant activity of providers choosing to not use EVV, not making any effort to use EVV then we will look at your claims and a post payment review process and determine if you're making a good effort to utilize this.

Beginning on January 1, 2021 we will be in what is called a prepayment claims review process. What that means is that claims about corresponding EVV are subject to denial. Last month we talked about what your remittance advice will look like, you will see that. If you have a claim that should have a EVV your admittance advice will have an error on it. It will tell you when EVV is mandated, when it is in the prepayment review process. This claim might not make it. We highly recommend that you start using EVV as soon as possible to make sure you have the kinks worked out to have that claim paid on January 1, 2021. We are providing a very long runway in letting you know 10 months in advance that on January 1, 2021 there will be an impact on claims if you aren't not know your with EVV. Questions about this slide?

Anybody on the phone remember you are muted.

We have seen this visual before. I have updated this slide.

Can you hear me?

Yes we can. Go ahead.

Sorry I pushed the wrong button to unmute myself. At this point the errors that are being received are you saying will be reviewed January 1, 2021 for payment? Or did I misunderstand that?

What that means is when you are looking at your remittance advice right now you will see an error, error 238, if I recall correctly. 328. Thank you, John. You will see 328. That means that claim once EVV is in a prepayment review process it will not pay without a corresponding EVV. That is a trigger to let you know to get your system up and running. On that January 1, 2021 you will not have a disruption in payment. On the August 3 date you will be in a post payment review process which means you will look at your claims after they have been paid. We are not going to stop any payment. We are going to look at them in a payment review process. We have providers that are obviously not making any effort toward EVV. It is a learning curve and there are some errors if you are blatantly not utilizing EVV it would be against Colorado code of regulation and we would utilize that claim edit to see which claims should have had EVV. Does that make sense?

Yes. I guess my question is related to the date. We are not actually starting to use EVV until March 1. Does that mean anything prior to March 1 would be denied impost review?

Not at all. Right now in August 2 we are in the voluntary period we are calling it a soft launch. It is a great opportunity for providers and caregivers to use EVV before they are sending in payment review. You are ahead of the game if you're beginning to use this in March.
Thank you for clarifying.

This slide is a visual of what we have talked about before. We are at early adoption voluntary youth period that began in October. Beginning August 3 will be the mandate in which all providers will need to use EVV and then January 1, 2021 we will be in the prepayment claims review. We are still working on the caregiver solution. We have a team working on it. Next month we will report back on what that solution is and have information for you.

How does a state mandate? We mandate it in the Colorado code of regulations. What you see on the slide here is letting you know what the timeline is for getting EVV mandate into rule. What it goes through is called the medical service board review. We take it there for approval. Within that there are stakeholder engagement guidelines, there are a lot of steps to that. This is just to let you know what our timeline is. When we do stakeholder engagement on EVV rule in February and March of this year, we posted a draft rule on our website. We go to our EVV website and under resources -- sorry under stakeholder engagement, under resources, there is a draft of our rule. We updated it after our stakeholder meeting last year. We did significant stakeholder engagement last year. We brought this stakeholder group and the subcommittees. We made a lot of changes based on your feedback. If you have questions or comments please let us know. If you have trouble finding it on our website let us know and we will make sure that you can access that.
You will go to medical services board for the first reading in May that will go through the internal processes and we will start getting that through the official channels

This month and next month please review the rule let us know if you have feedback we would love to hear from you.

We talked about this briefly, the state encourages providers to participate in the soft launch. It is an opportunity to familiarize yourself with EVV prior to claims integration, you will see the error in the remittance advice you will know where you will run into trouble if you do not have it up and running by August 3. It is an opportunity for caregivers to practice EVV, for members to become accustomed to it, it will help the department identify and develop training material. Just overall it is a good process for the department and providers. Again we are trying to give you as long as possible please get into EVV as soon as you can, we would appreciate that.

Is there training for the specialist who need to start looking at those claims for the payment review and the specific online training like here is what you need to look for on the billing reports?
That is a good question. I would assume there would be something in the provider billing manual. Do you know if there is any training for providers to help them understand how to read the remittance advice?

I would have to double check where it is. I know on the website there is guidance.

Maybe we can post that to the website would that be helpful?

We can post a link to the website and let you know how to read the report. Anything else on the ample mentation timeline before we move on? It is a quiet room. Is everybody sleepy because it is the first day of the week?

Provider implementation survey, that went out to all providers who will be required to use EVV it was based upon your current billing and enrollment information. We did get a good response rate. David is going to talk to us about what we learned in that survey and what it means for our path forward.

Hello, everybody. I am the newest one [Indiscernible]. Eventually I will be the one keeping track of and reporting the data for the program for CMS. Since the program is not performing just yet it is my responsibility to track the implementation so far and get full compliance for the program. Most of you received the survey and answer seven questions about your experience so far. We received 477 responses which put us at 3 1/2 margin, 2.5% margin of error with 95% model.

The first step is awareness and 95% of you said you were aware EVV and that you would participate in it. This tells us the dedication, training materials and we have done well communicating this need through the last two years. The other 3% said that they were not aware and it broke down more into I was aware of EVV but I did not know my agency had [Indiscernible] or I was aware of EVV but I did not know the state was going to provide a solution. The breakdown looks a little better than just completely unaware that it was coming up.

Even though 97% of you know you have to participate in EVV, not many have been very proactive about implementation, looking down the runway, we took a major to what implementation looked like and where are providers were. Of the respondents 51% of you said that you were somewhere along that but the smallest slice, the yellow slice is those who have fully implemented and sending data. The 31% are [Indiscernible]. Ideally we would like it all to move to the yellow. It is imperative to get the data coming in. We want to make sure that any scenarios that are there before it is demanded. A lot of scenarios were submitted through the survey. You guys can do testing through your app. Most of portly we need to get that 49% that is read over to any color on the left. Any kind of implantation we only have about six months until the mandate takes place. That breaks down to 200 providers per month. Like I said we nearly really need to ramp up our efforts here.

Do you have information as to the provider type in that 49%?

No. The way we got that from the survey we did not ask. A lot of people left themselves anonymous in the survey so we are not sure what that breakdown looks like.

We were looking at how many will be in the state solution and provider choice. We wanted to get and I hear. 51% said the state solution was going to be your choice. We expect it to be pretty much the norm from here on to have more people. Almost half that point of being unsighted. The people are undecided those are 20% plus are going to have to start making decisions soon in which direction you go will tell a lot about your path for the next few months.

Questions four and five were just asking for responses in which we asked for more detail. We try to capture the sentiment behind each of these. I did read all of them. You guys are being heard, I did try to capture the meat of the comments, a lot of those were questions and scenarios. For those who are not anonymous we will be answering your questions and concerns. For those that were left anonymous those questions and concerns we tried to group them together those that were mentioned more than once or several times. This particular question was asking how EVV [Indiscernible]. In your practice for your clients. 50% of you said I don't have enough data to provide insight on this or anything along the slides. And the rest of you wrote down half and half as to whether or not [Indiscernible]. We expect this to be a trend from now on between half and half. We would like to see more positives than negatives. Some of the comments that we did get is since we started using EVV is started to make processing payroll more efficient. We have confirmation that the caregivers are getting there in time and a lot of you had implementation challenges. If your agency is licensed for [Indiscernible] so far it has been a huge pivot point for us as to the interaction between the stakeholders and the EVV program . We actually saw a lot of responses for this. People were saying these are the ones that are useful and have some sort of interaction with them. The negative comments is we were mostly about how small an entity was and how relevant the training level was provided for them. In other words the training was a little too complicated, stuff like that. That definitely goes into account. As far as [Indiscernible] and the stakeholders [Indiscernible].

Another caregiver [Indiscernible] is an issue for all of you. We wanted to get a rough idea on how many of you will be engaged with this challenge. A large majority of you are going to attempt the live in caregivers. We are working very hard to get feedback coming back to us we are working hard to make sure that the solution works for everybody especially like I said if so many of you are in different scenarios and are going to need a solution for this challenge. A small percentage say that they are not going to exclude the living caregivers. For the most part [Indiscernible] because it is a large part of the work. Again, a lot of undecided people. It is decision-making time.

And question seven was additional feedback. I did read all of the comments I a tried to categorize them in a way that reflected [Indiscernible]. A lot of it was around payroll scheduling, communication with attendance in caregivers has improved. For the negative feedback it mostly circulated around alternate vendor integration, training, cost which [Indiscernible] or implantation and other technical issues just based on user error and so forth. That was all I have. There are some questions and concerns that were brought up in the survey and hopefully I will have another survey out later this summer just to get another snapshot as to what is going on. Rate. Thank you.

Does anyone have any questions for David on the survey?

Thank you to all of the providers who completed it. We know that you are very busy. We had a representative counsel so that was important to us. A lot of you responded quickly. I think the biggest response rate were day one. Thank you for your attention to that.

It is still open. We did not close the survey on purpose just in case stragglers want to give in and give us some feedback. If you would like to complete it still, look in your email, the link is in there.

Some of these questions came up a lot in the survey, in these long answer questions. By long the average time it took to complete the survey was to minutes. If anyone is going to be [Indiscernible]. These are some of the frequently asked questions that we got. If errors occur, will they specifically identify which of the six points of data are not present? The answer to the question is yes. If you are doing some EVV record and it is missing a clock out or missing a service or missing one of those critical six points of data, it will tell you. You log into the provider portal on the state EVV solution, you log in, it will let you know which one of the six points of data has an air and you will know which one to fix.

If I could add a little bit, sorry. I also saw that question and I was confuted confused as to who was asking about the provider portal. When you look at it like that you will's see it in the state solution but not in the DXD portal.

Thank you for making that clarification. If you're saying that air in the portal you will have to log on to the EVV solution to get that information.

If errors occur are we required to make corrections and is there a timeframe works if the error is on one of the six points of data, all of the six points of data have to be present in order for it to be a complete visit. You do have to correct the error. The timeframe to correct that error is dependent upon what your billing process may look like. You will need to correct the error before you go Bill for the claim. If you do not bill your claim for six months, then you do not have to fix that error until you Bill for that. I imagine both most of you Bill quicker. Make sure that you fix your EVV issues prior to billing for the claim.

Next, if issues arise, who do we contact? There was some confusion around who does what, that makes sense. Medicaid is a complicated system adding EVV into it makes it even more complicated. Think about where the process is that you have a question on. If you have a question on how your EVV system is working you contact either the vendor by using your own provider and vendor or contact Sandata if you're having trouble collecting data or having trouble with maintenance. If you're having issues with your billing, that may or may not be related to EVV. If it is related to billing I recommend you contact the billing agent and find out what's going on with your billing and they can let you know what's sure to make sure it is not a EVV issue. For example right now we get questions in the inbox about EVV is denying our claims. Right now EVV is not denying claims. I think seeing that on the remittance advice can be confusing. If you have a question about why your claims are not processing the way you think they should, please contact EVV.

Next is some common concerns. If they are on here that means that more than one provider brought up this concern. We have concerns about errors on the remittance. To my point earlier I think the fact that it is on there is both helpful and confusing. If you utilize it you know how to utilize that resource properly. If you're not used to looking at your remittance advice maybe some additional training would be helpful. Thank you for

that comment earlier we will put a link to that on the EVV website. If you are seeing errors on your claims that would mean EVV. Point of clarification is that we were seeing issues with the [Indiscernible] our claims team has worked to resolve those issues. If you saw something on there that was funky and you thought this does not need to be claimed, we recognize those issues and we submitted it. Going forward your remittance advice should be correct flagging only [Indiscernible].

Next we had questions on the bulk uploads. There are lots of confusion and complaints about what the bulk upload process is. What it is, if you are utilizing the state EVV solution and you had 80 or plus members, our data will provide you with a slide sheet that you fill out with your attendance or your information and we will help you upload it into the system. That only works if you have not entered any client data. If you enter anything in the state EVV solution they cannot do that upload process because it will be an override error. That said, we have had issues of bulk upload process. If you log onto the EVV Web server you will see that at the top acknowledging something is going on. We think there is an issue uploading the data contained in the forms to the solution. Data is -- Sandata is currently updating that problem and we will have a solution and let you know what is going on. We are having a bit of an issue, but we are working on it.
Lastly, there is a lot of concerns around GPS and location data. We get the same questions a lot around Geo sensing or [Indiscernible]. We have in our EVV rule that the department is not using geo-fencing, that means that we are not requiring services happen in a specific location. Some states implementing EVV require it takes place in a specific location, for example the home. If you are so many meters away from that location it would ping and error on the EVV. Colorado is not implementing it in that way. Regardless of where services take place we know that people go on vacation and sometimes attendance travel with them. If it is taking place at a state collect EVV, it will not paying a location error. We are not looking for locations to happen at any particular location. We are not utilizing geo-fencing and we are not going to pull errors on your EVV if the service takes place outside of the home.

Those are the common concerns. Does anyone have anything to talk about on that? To remind you folks on the phone you are muted. Please press *6 to unmute yourself.

Can you hear me?

Yes. Go ahead.

Going back, we kind of covered this a bit and my audio went off when you are on that slide so excuse me if you cover this. With the live-in caregiver I understand that there is an opt out or whatever the terminology was that you used, however come some of our live ins are traditional CNA's, they are providing care under the family as well as for maybe a different patient not under the live in or family CNA program. I know you probably cannot give me an answer today, how will you help us to differentiate that?

That is an excellent question. The live-in caregiver exemption is for the member caregiver relationship only. It is defined by a relationship. If you have a member and a caregiver who live in a home that is where it can take place.

We understand [Indiscernible] for those who live in the home or are not family members.
Those relationships would not be under the caregiver assumption.

You guys will matchup the clinician with the address and the patient. Each provider will be responsible for maintaining. You will complete the form. It was a who the caregiver is, who the member and more information and how you establish the live-in caregiver

We will have more information on this forthcoming on the website. There is a definition with this information it is by relationship and it will be established on a one-on-one basis.

I guess the only part that is missing there is how we would get our vendor who is not Sandata to also respect those qualifiers before sending that data. Most of these vendors are charging you per transaction, it would be

up to our vendor to develop something similar to what you have to prevent them from sending all this data before. Before it goes out.

Right.

Was their relationship is established.

We just can't take them out because it is going to send based on the rules provided by all. Sometimes it is a sticky situation where we have a few months. If we need lead time on that development. I think we will need it sooner rather than later.

The way this will be implemented we have this [Indiscernible] that we have been talking about. It is going to bypass that claim at it. If you have a live-in caregiver that is providing services then we will not be looking for that corresponding EVV or pay the claim. The attention is that provider choices will not have to change. We have released those provider specifications back in June. We know a lot of you have worked with your vendors and we don't want you to change anything to put out additional funding. We are trying to implement it strictly on the billing level. I am not quite sure what your vendor would have to do differently. If you like to have a conversation to troubleshoot we would be happy to do that.

I would love that.

Email the inbox at evv@state.co.us

Just to follow up on that. Are you saying it should not matter if they send or do not send the live-in records and if it does have or does not have any EVV because the claim would not be --

Correct. For example if there was EVV for a live in caregiver and that was established, there is EVV out there because it was established first. Now we see that data come in it is not going to change anything where the live-in caregiver importation is on the [Indiscernible] and it will bypass that claim at it. It will say is this a relevant caregiver we won't do any [Indiscernible] process and the EVV not required.

Right. That is fine. How does it affect the professional? Most people will send the record and it will be manually completed because most people in the survey [Indiscernible] they will send the billing record and it will show a manual edit on the completion of that record. How do you make sure that manual edit is not [Indiscernible]?

The live-in caregiver claims since they will bypass the edit will not be under a threshold. The threshold will only pit claims that are under the EVV.

Thank you.

We will provide more information next month. Right now we are testing the solution to make sure that it works. We want to make sure our ducks are in a line

I was going to ask this later but maybe now is a better time. For the other deliverables that we are waiting for and we think those are the ones that are responsible for the 49%, are the answer to how [Indiscernible] will be but also travel time. That quite frankly is holding out implementation because I don't know how to explain that in a third-party system. I think you can go ahead and bypass [Indiscernible] and have travel time built in but how do you make sure that when it is manually completed such as a live-in and travel time does not count and how do we start implementing it without having the answers?

Definitely understood. We hope to have this out soon. I know you have heard that a lot. I recognized that. We have some solutions from management. We hope to have this cleared up.

In the last deliverable I have --

I have been wondering where you have been.

I did not ask this last month, you also wanted to provide communication for caregivers I am just wondering if there are any [Indiscernible] on that?

It is stuck in clearance. It lives. This little bit of backlogs of things to get through. It is around.

[Indiscernible] I would like to tackle them all together.

Yes. Definitely.

Thank you.

Does anybody have anything else before we move on?

Department updates, there is only one slide. It is just letting you know that we talked in past stakeholder meetings about a waitlist for provider choice systems to connect. We had a contractual issue that we were working out. That contractual issue is now worked out. A vendor who was currently in the queue to enter data can now go forth and interface. If you are a new provider, please go ahead and contact as soon as possible. The interfacing can take time. We hear it could take up to four months. We are six months out from the mandate. If you are wanting to use the system please contact Sandata as soon as possible to get that going. I am a little worried we will have vendors trying to go through the process at the last hour and there is not going to be enough time. Please if you are using provider choice systems there is no longer a waitlist and please get in.

Just a reminder on the resource page are the provider specifications.

Okay. We hear folks like to hear about the Sandata call center report. If this ever changes please let us know. Here are the incoming calls for the last few months. We received kind of a big uptick at the end of October and early November and then we did not get a lot of calls in January. I think a lot of us were relieved by the fact that we do not go live and mandate on 1/1. I am hoping we see an uptick and calls now that we have announced the mandate date of August 3, 2020. The Sandata call center, they are doing really well taking calls, triaging calls, we are happy with the way they are handling things. The percent of calls captured remain 98%, about 1.5% of folks hung up, they did not call during the right hours, something like that. By a large all of the calls are being answered. People are being helped. It takes about 17 seconds to get to a representative. Really, really fast. You don't have to wait on hold forever. I don't even know what there hold music sounds like. That's a good time. Time with a collar presented of is about 10 minutes to get your question answered or to get triaged to the next level of help. Let us know if you're having issues with the Sandata call center. We do get a couple of items escalated to us. Let us know that this is a department issue. We are seeing positive results from the call center.

If you are not seeing the things please let us know.

Here is the call center information. This is just for Sandata. This is if you are doing the provider choice system if you need to troubleshoot your solutions this is not for calling claims processing all of those calls still go through DIC.

We are going to talk about our analytics performance permit.

I am Sydney, I am the analyst. I kind of eluded to this last month, I changed up my data visualization for you. I realize it is difficult to read and I may change it again for next month. I just want to highlight that our members are getting services tracked through the EVV system. The top three services are personal-care,

homemaker and home health nursing. If you want to know the general program right now we have 1183 members who have had a service collected through the EVV system. With that being said we have providers using EVV systems, right now it is at 71 providers, which is great, more than last month and the top three services of providers are personal-care, homemaker and in-home support. Lastly we have visit, the top three services that we have for visits is personal-care, homemaker and home health nurse. This program going live we have had over 20,000 attempted visits. That is a good number. I hope to see that increase and as providers implement EVV with their providers. The last light I have is verified versus unverified visits. A verified visit is considered complete. All data points have been collected and essentially that is tears compliant. CMS will not get up in our area for having the data points. I just wanted to highlight those data points again. Service, member, attendant, date of service, clock in and clock out and the location of the service. If all of those data points are collected it will be a verified visit and in that case we can have that visit matched to a claim and the claim will pay. We are not in the claim denial period yet, that comes, I just wanted to get that on your radar. Then we have unverified visits, that means incomplete, one or more of those the data points are missing, it is not tears compliant. As you can see we have had a huge uptick in verified visits in January, which is amazing. About 35% of visits are coming through verified which is really good. We would like to see that go up even further in the coming months so that once August -- 1/1/21 hits your claims are verified.

Does anyone have any questions for Sidney?

We have gone over this before and I just want to double check and see if there is any progress made. Verified versus unverified it is really 35% of attempted clock in. We don't have any data yet on when there is no attempt, I think what would really be interesting is to see verified visits over total visits. Something you would get I am assuming from remittance advice to see what the percentages are. I think that is ultimately what we need. Is there any way to get that data?

That is a great question.

It is definitely on the radar. We will be looking at that data. In the coming months I can start to talk with the departments and see how we can pull together visualizations like we said verified visits versus all EVV services provided to our members.

That would be great. Thank you.

Great question. Once EVV is mandated or close to being mandated we will be looking at that information very closely. We will be providing outreach to providers if you are not using EVV or having all and verified visits. We will be calling you and emailing you. If you do not want us to bug you start using EVV now and get good at it. If you like to talk to us you will hear from us. Any other questions on data? This is the end of our presentation we will go into questions an open forum after this.

I will open up the floor. We ended early I think for the first time in, I don't know, six months, a year, does anybody have questions or open forum they would like to bring up?

On the [Indiscernible] slide do I understand correctly the state needs us if we have the clock in missing [Indiscernible] for the party solution what do you do put it in your own system?

Correct. In the data aggregator you will have your own environment and then you will have the data aggregator. If something went to the state and there is an error in it you can see that in the data aggregator you can see it did not transfer over the way it should have then you go back to the provider choice system and fix it there.

I am not able to edit in the aggregate data [Indiscernible].

Yes. The data aggregator is read only. I imagine that the majority of providers will also let you know what those errors are.

Is there somebody on the phone with a question?

Can you hear me?

I don't have a question, I just wanted to let you know I was here. My name is Chris and I'm here with empowering independence.

Thank you for joining us.

Anybody else have anything else they want to bring? In the agenda items

I do have one more. Sorry going back to the live-in question. On the claims side I understand how that might operate, are we still being asked to submit these entries the location, type service in near real time? Is that what was asked originally wouldn't the interest of becoming across for the live-in caregivers?

For the EVV solution live in caregivers you don't have to have any EVV data.

Our live-in caregivers are also traditional in our system.

Right. Then the clients for which they are not established live-in caregiver that information would have to come over and we would expected to come over real-time.

And the ones that they are a live-in caregiver for?

We don't need any EVV data as long as all the proper documentation is collect it.

If we are using an outside vendor --

If you could mute your lines we are having a lot of background noise.

I guess we can talk about it on the follow-up. Thank you.

Please email us if you have questions at evv@state.co.us. Thank you.

[Event Concluded]