COLORADO
Department of Health Care Policy & Financing

Electronic Visit Verification Stakeholder Meeting
Closed Captioning Transcript
November 19, 2019

Disclaimer: Below is the closed captioning dialogue captured during the EVV Stakeholder Meeting held on November 19, 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 stand by for realtime captions.

Good morning, everybody. This is the electronic verification stakeholder meeting. It looks like we only have a few stakeholders in the room. There are quite a few folks on the webinar. We have 70 folks on the webinar. Thank you for joining us in person or electronically. My name is Lana Eggers. I am facilitating today. If you typically attend this meeting and were absent last month, I am the new voice, Danielle Walker is on leave for the next few months. I will be facilitating the meeting. Thank you for joining us.

All lines have been muted. We were getting a lot of background noise giving the presentation. If you would like to speak and you are on the phone, please hit star six. I realize we had issues with on muting last move at the month. We will make sure it doesn't happen. If you are having issues, please let us know in the chat box we will do our best.

Those in the room you probably all know the restrooms are right outside the door near the elevator. If you are looking for accessible bathrooms they are on the fourth and seventh floor and gender-neutral are the first floor. We will start with introductions. Like I said, my name is Lana Eggers. I am the compliance supervisor. We will go around with HCPF staff in the room and we will see if we have staff on the call. My name is John and I am the policy specialist. I may be quiet in the meeting because I [Indiscernible].

My name is David. I am the [Indiscernible-low audio.]

I am [Indiscernible] Fitzgerald. [Indiscernible-low audio.]

Thank you. [Indiscernible-low audio.]

Over here.

I am working with SB 195 [Indiscernible-low audio.]

My name is [Indiscernible]. I work with Lana in compliance. I am an HCBS policy advisor.

[Indiscernible-low audio.]

[Indiscernible-low audio.]

I am the day Allen us. Do we have any HCPF staff on the phone that would like to introduce themselves? All lines have been muted.

This is Matt. Benefits section manager.

Okay. The purpose of this meeting is to engage providers, members, and other stakeholders as the department works to implement electronic visit verifications for community-based services offered through both state plans and waivers. Specifically to review EVV, the legislative mandate, and the scope of implementation. To discuss project updates and provide a platform to gather stakeholder feedback.

We ask you mind your E-manners. Identify yourself when speaking. That's important since we do have so many folks on the phone. Share the air. Listen for understanding and tried to stay focused.

For the agenda today we cover introductions. We will go over the brief overview of EVV, in case we have newcomers. We will go over the live-in caregiver definition. We will talk about the scope of the EVV program. We will discuss the claim at it. We will talk about the Sandata call-center report. We will go over stakeholder engagement and figure out what you would like to see going forward. So I did rearrange the agenda from last time. I have moved the stakeholder engagement discussion to the end of the agenda. We will get there.

What is EVV? I'm sure most of you know this by heart. We will go over it once more. Electronic visit verification is a technology solution to verify information through a mobile application like a telephone or web-based portal. EVV is used to ensure homes or community-based services are delivered to people needing those services by documenting the precise times that services start and end. Why are we doing it? This is not something that states choose on their own. It's section 12 006 of the 21st Century Cures Act to implement the solution. It's a congressional mandate. States that do not implement it will incur a deduction in federal funding. The department intends to implement EVV for all Colorado requires services in late summer 2020. Most of you know we have been approved for the good faith exemption. That is why the state has moved to the late summer of 2020 instead of January first. It will not be happening in one month. We will go over that later.

What is the core of EVV? It must capture six points of data. Those include the type of service reforms, the individual receiving the service, the date of the service, the location of service delivery, the individual providing the service, and the time the service begins and ends.

What types of services are required in Colorado? In Colorado we are implementing EVV for select fee-for-service, estate plan, and call me community-based waiver services. Services that are exempt from EVV and Colorado include per diem services, services offered through managed care, through the program for all-inclusive care of the elderly otherwise known as PACE or other capitated services.

The list of services which require EVV in Colorado is on this slide. That would include personal care, pediatric personal care, home health including those listed there. Private duty nursing, hospice, homemaker, respite provided in the home or in the community. Consumer directed attendant support services or CDASS, in-home support services which is known as IHSS. Independent living skills training, life skills training, physical therapy which is provided in the home. Occupational therapy provided in the home. Speech therapy provided in the home, behavioral therapy is provided in the home or the community. Teatro behavioral health, youth day, and select durable medical equipment services.

Just a quick piece on that. There's a code list and all the code list. States can have more authority and autonomy when the implement EVV. We have paired down the list substantially. There are not a lot of services under DME that require EVV, but some do. Services that require an in-home set up and a few other criteria.

Has not been posted online?

We will post this in the resources page of the EVV website.

This is talking about service gripping. Within the EVV solution and provider trace systems, we have paired down our list of services which is very long and we take into account you need procedure to modify the code. We broke it down into the group. When an attendant goes out to collect data they will clock in and clock out by selecting one of the service type groupings instead of a specific EVV relative personal care code. We don't

want it scrolling 10 minutes before they get to the code. It could be for the service groupings and this goes for the state EVV solutions and if a provider chooses to use their own EVV solutions, it will also have to accommodate these service groupings. They are in the technical specifications. If you are utilizing an alternate EVV solution you would hand these to the developers and they would understand this is something they need to work into this system.

We get a lot of questions around service locations. We have this slide on the presentation for quite some time. It is important to go over. The department does not intend to restrict location of service delivery with implementation of EVV. We recognize services required under EVV happen in the home and the community and it's essential that EVV does not interrupt that. Were the attendant provide services whether it be in the client home or the grocery store were at grandma's house it's intended to clock in and clock out were services take place. With the exception if the service takes place in a facility or professional building, it is exempt from EVV. You will see that in the large list.

Are there any questions or comments on the overview?

This is Alec. I think I've asked this before. I don't remember the answer. When we talked about the groupings, personal care and homemaker would be under IHSS rather than personal care , is that correct?

Yes. If the caregiver is billing for the provider associated with that for the nine we clock in with the IHSS grouping and not the personal care or homemaker grouping.

This is [Indiscernible]. Has there been an optional agency or system that was identified that the state would work with?

Good question. There been a handful of providers which have interfaced with Sandata in Colorado and other states. On the list we have the providers pick we update it when it connects. The department does not endorse any specific provider. We do give you the list of providers who had connected with Sandata. If they have conducted this with Sandata previously it reduces interfaced I may. It's on the website. I believe it's on the provider choice on the EVV website.

I have a hard time finding this. If you want to scroll through the invite

This is Alec. Are there any updates. I understand that there were providers on the waitlist. I guess we are waiting for contractual resolutions. [Indiscernible-low audio.]

Good question. The last stakeholder meeting we let folks know we hit the contractual limit for new providers interfacing with Sandata in Colorado. That was due to more new providers coming into the EVV field after he executed the contract. New EVV systems that are trying to connect with Sandata for the first time in Colorado, are put on a waitlist until we have the contract amended. That is currently with the federal partners. We anticipate approval early next year. If you are working with a provider is not interfaced with Sandata in Colorado or any other state you will begin interfacing likely in early January. If the vendor you are working with interfaces with Sandata in a different state between now and then, you would be cleared to "interfacing in Colorado. Anything else before we move forward ?

Okay so some quick key terminologies. I'm sorry I do use these and mix them up a bit. Maybe tell me if I am being confusing and using the wrong terms. The state EVV solutions is the system available to providers at no cost. When I talk about the Sandata system is the free EVV provided. The provider trace system is an EVV system procured, purchased, and used by the provider. Ultimate vendor is a vendor who manages the provider choice system. In the data aggregator it's where providers the systems would submit data to the state solution. That's the system responsible for combining the data to make sure it looks right when it is transferred to the state.

Colorado has selected the hybrid model. You also hear that referred to on the federal level as the open model. That means we have selected a vendor who provided an EVV solution in Colorado. While he also allows providers to utilize their own EVV system or that of their choosing. Those choosing a vendor must ensure the system has configured the Colorado rules and requirements. Provider trace systems must connect to the dagger aggregator. It must be completed prior to connection. If you look at the EVV website there are some steps as to what connecting within Sandata looks like. You will find more information there.

A brief overview of the EVV solution. I will try through these quickly since you have heard it many times. The Colorado Sandata solution offers a mobile application, a telephone option or a provider web portal. The mobile application, mobile visit verification is a GPS enabled mobile application that is downloaded on a smart phone or tablet. Where utilizing a bring your own device method. It works for the iPhone and android. The state will not be providing technology, phones, or tablets. It is GPS enabled. So it captures locations when they clock in and out. However, there is no continual location recording. The location delivery is reported at the time of clock in and clock out. The state or Sandata will have no record of where the attendant and member go.

Care workers will login with a unique Sandata ID or email address. It's available and a handful of languages. These are the most commonly spoken languages in Colorado. They include English, Spanish, [Indiscernible], Russian, Chinese Mandarin and Arabic. Correct the mobile app does work in rural areas with a few caveats. The app will and automatically switch if it doesn't have service. One service that is regained will be implemented by the caregiver will upload to the solution and it will connect and be sent to the provider. Continue to use the app if you don't have service and we will upload later.

You can use the telephone visit verification if you are in an area that does not have service and you would like to use telephone or you choose to use methodology for each provider agent uses the state EVV solution. They're located on the opposite end of the country and we are accounting for any power outages. Those are accessible 24 seven. This is the option if they choose not to use GPS. The client phone is prepared for this. Location is captured through anti-technology. It's identified through the Sandata client ID. That is the Medicaid ID because there is an alpha in the Medicaid ID. And direct care workers are identified by Sandata ID period the last piece of technology is the provider portal. It's for visit maintenance and administrative tasks. It does have limited capacity for manual entry of data. However, providers who choose to enter manual data will be subject to threshold and we have discussed that a bit. We will keep you informed when we do. It is CMS guidance that we do not allowed for all EVV data to be entered into the provider portal. It's used to identify visits. If an attendant forgets to clock out or clocks in for the wrong service grouping or otherwise the visit needs to be adjusted, this would be the platform where they can make edits.

To have any questions on the old information we just presented? As a reminder you are muted. Please press star six if you would like to speak.

If we are talking about this whole verification landline. If the caregiver delivers a service in the community, the only option to clock in or out is [Indiscernible], is that correct?

Not necessarily. Have a caregiver and client are in the community they can still use the telephone option. They would select - - we will have to release guidance on this. Every time I see it I say it differently. I'm probably confusing folks. There is an option on the system that indicates if you are not in a location we would assume you would be in. The caregiver would say I am not in that location and then they would let the provider know where they are. Instead of clocking in and out with GPS, it would be the responsibility of the caregiver to make sure the provider agency was aware that the services took place if they used the telephone option.

[Indiscernible-low audio.]

Do I go to a pay phone ?

You can use any phone. We preferred that TVV is used from the client's phone. We can assume it's at the address associate with the client's home phone number. With different other than the clients home phone and

they are in the location of it, then we would expect that the attendant would let the provider know where it did take place.

Again you clock in and clock out with the community [Indiscernible-low audio.]

I can't remember what the prompt is.

It will ask if you have any tasks. The only task is alternate location. As you are calling in you will note that you have a task so it's option one instead of zero. It needs an alternate location. That would be entered by the administrator. And so the caregiver at the time can note where the care is being delivered.

[Indiscernible-low audio.]

Correct.

This is [Indiscernible]. You would have to jump from the client phone not the provider phone?

EVV can be used from any phone.

I definitely understand I explained that inadequately. Thank you for jumping in. Let's plan - - Jodi can you help me with an action item for how to do alternate locations with EVV? Thank you.

We will work to get you better instructions. It is the functionality.

If you are meeting a client at the home and accommodating with them you would log in through the mobile app and they would [Indiscernible] with the integration or whatever that looks like. [Indiscernible-low audio.]

They should clock and when they begin service delivery. When they would start billing for services, that's when you would clock in regardless of where they are. When service is done they would clock out.

[Indiscernible-low audio.] if I'm in the community and I use the mobile app there are no instructions generated? If I am in the community and I called the phone number there is an exception?

As long as I put in this what happens if I say I am confused?

So I can do one or zero whenever I am at home? What if the caregiver makes a mistake and says I am at home? Does that generate an exception?

It will only generate an exception when the alternate location functionality is indicated on TVV. If a caregiver makes a mistake and doesn't indicate alternate location that it will not flag an exception.

[Indiscernible-low audio.]

I believe that is correct. That said I would like to double check. At the importance of that is [Indiscernible-low audio.] needs to be done. Need to be trained to use it correctly otherwise you end up correcting every clock in, which would be a nightmare.

Do we have any other questions or comments before you move on to the new information and the presentation?

This is Andrew. Just a follow-up question. This would be about the Telephony.

Sure.

Is the thought that each client record would still have a phone number loaded that would be the expected phone number that the Telephony calls would be coming from?

Yes. So the primary phone number in the client update and the state EVV solutions is the expected number for the terror phone telephone verification system.

Okay. If you call from that number, would there still be that prompt to ask if it's an alternate location?

I believe that prompt is there regardless of which number you call from. It will always be an option.

Of a primary phone number is a cell phone number, it would be the clients home but if they are out in the community it would indicate you are not in the [Indiscernible] location.

The task list would be prompted regardless of which option they pick, right?

I believe when you call the number you would be asked if you are in an alternate location and you can hit yes or no. If you hit yes that's when the task will be generated in the exception.

Would it be other tasks related to that visit?

There are no other tasks in the solution.

Yes the only task functionality in the state solution.

The agency file would be to provide an address or a GPS cord or something?

Can you say that warmer time.

If they say it's an alternate location, what does the agency need to provide? Is it an address or GPS coordinate?

If that happens there is an alternate location. That field would take a few different formats of location. It can take a street address, a GPS address or a landmark address like Disneyland or city Park.

Perfect. Thank you.

Like I said I think they fumbled through that so thank you for bearing with us. We will get some documentation so it's more clear.

One more in the room.

Is there any way in the system to not call a task list? It typically in this system means a real task so having it under the task list for an alternate location is confusing especially between provider choice and EVV systems.

Definitely understand using the term task is confusing. We had to utilize that term because the state purchased the commercial off-the-shelf product from the vendor. Because of that we didn't have a lot of flexibility in how we manipulated the system. We asked them to create this technology for Colorado recognizing that providers and stakeholders in Colorado have asked for the TVV location methodology. So we didn't have another option to utilize that current functionality.

One more. What does that mean for the right of the systems? I don't remember the aggregate but is there an alternate location that needs to come across? Or if this was only for the state EVV system?

So does that part of the technical specification if there is an alternate location - -

That was already in there.

I didn't see it but I don't remember a lot of things.

That hasn't changed since we released it in June.

So this needs to be replicated in the provider choice systems. One more thing to add to the list.

Are we good to move on?

I see a head nod. Thank you.

We have been over this before. I realize the shift in timeline is not as straightforward as we would like it to be. Colorado applied and was approved for a good faith effort exemption from the EVV mandate. That is an option within the 21st century cures act. If they want to ask for an additional year they may do so. We made that request in September on September 18. We were approved - - we made the request early September and we were approved on September 18th. What that did was permit Colorado from permitting us to move the mandate from 1/1/20 until sometime in the calendar year of 2020. You been hearing from us for a couple years now. The mandate is coming. We decided to push it back to give Colorado and stakeholders some extra time so we can exempt live-in caregivers. Pretty late in the game after systems were developed, the mess released guidance that live-in caregivers do not have to complete EVV per the congressional mandate. Colorado has decided to exempt live-in caregivers from our Colorado mandate. Although individual provider agencies may still choose to collect the data. We decided to push the mandate date out. We anticipate we will mandate EVV in late summer 2020. For the purposes of caregiver solutions, we don't currently have a way to identify who is a live-in caregiver and how we would exempt them from the EVV mandate.

The next slide is a visual representation of what the process is right now. On October first our state EVV solution and the data aggregator became available for providers to utilize. We are in the early adoption for voluntary soft lunch time for a pick what that means is providers and caregivers can get in and use EVV. We highly encourage providers and caregivers to get in early. This will help mitigate any issues going forward. It make sure everyone knows how to use the system had of the mandate. However it's completely voluntary. You don't have to. Right now we are exploring live-in caregiver solutions to figure out how to exempt that population of caregivers. We are working through that right now I don't have a lot of updates other than we will provide you with the definition of what a live-in caregiver is on the next slide or two. We do anticipate the Colorado mandate in the CCR rule going into effect in the summer of 2020. That on January first 2021, we anticipate having a three payment claims review. That means if you are not utilizing EVV, for the required services there will potentially be impact to claims processing.

We will go over this more. John and a few slides will talk about what the claim at it looks like and how you know if you used it correctly. We will have Sidney talk about what data we are seeing now in the soft launch.

One of the first steps in solution name for the live-in caregiver exemption is the finding for what is a live-in caregiver? Within the federal guidance they have not told us. There are a handful of definitions both that are used at the state level and the federal level. We worked with our internal HCPF workers and we also work with consumer directed and family caregiver subcommittees to work through a definition that might be acceptable and that will work for the purposes of exempting live-in caregivers in Colorado. It is on your screen now. Bear with me and I will read it out loud.

The definition we intend to use in Colorado is a live-in caregiver is a caregiver who permanently or for an extended period of time resides in the residence, the same residence, as the Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by the U.S. Department of Labor or the Internal Revenue Service. 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 above definitions in limited circumstances at the department's discretion. Examples may include joint

custody arrangements, children living in foster care members transitioning out of a residential service. Bear with me I got a notification on my screen we may have lost the connection. Can folks on the screen still see the presentation?

Thank you for the feedback. It looks like we may have lost the closed captioning. Just a note on the definition, live-in caregiver status is established by the member caregiver relationship. If the caregiver provide services to more than one member, the establishment of live-in caregiver status only pertains to the relationship where documentation has been provided and approved. For example, if we have a parent providing care to the child that parent may also supplement the income by providing services to another Medicaid member. That status must be established at each relationship level. Because that was a caregiver for one you would not assume they are in a live-in caregiver for any other member.

That was a lot. We have made a few edits to this definition since we met with the consumer the director subcommittee. Basically on the recommendation. It sounds like the development of an official department form so we will develop the form that establishes the status. We don't have it yet. We will get it done. And then I will open it for discussions if anyone has comments or thoughts on any unintended consequences that the definition may create.

The form. That is something we collected need to keep on file or we send it? Where does it go?

Good question. We are working out what we will do with it. What we know is that the provider agency will be responsible for collecting it. And having in their files. What we don't know is when the department will need and we will look for it. We haven't gotten to that part of the process yet.

Just as a follow-up, that somewhere in the system, I assume there will be a flag that says this client is a live-in so don't expect an EVV file in order to pay this claim. That would say to me that someone needs to input this. Have you guys decided - - and by you I mean HCPF that you give whoever the provider. If it's someone other than the provider I would say we would need the form to be injured. And any time there's a trench change that form. Is the provider it could stay the provider. At those are all really good comments.

Part of the reason we didn't answer that is we don't know the answers. Because of the state EVV solution and claims processing were already set in stone. We have to revamp the system to figure out how we will do it. We don't have the answer yet but we will make sure claims are paid directly.

Do we have any other comments or questions on the proposed live-in caregiver definition?

One quick question. This is Andrew. Have you guys considered adding familial relationship as a possible exception? So if it's a sister, or an uncle that lives across the street to come in to provide personal service, without suffice? It would be something you would consider?

We have to limit it to living together. The CMS guidance indicated the exemption would only be for live-in caregivers. We did follow up and they let us know it is folks living under the same roof. The state defines what living under the same roof is. It's may be up for negotiation which is why we leveraged existing definitions. It is only for live-in caregivers.

Thank you.

Yes, ma'am.

[Indiscernible]. Regarding - - you said you were talking about there are exceptions. What exceptions do you have in mind? Have you considered this definition?

So the possible exceptions with already established definitions. The ideas we thought of were the ones listed below. We know the U.S. Department of Labor and the IRS definition are rigid. It doesn't always

accommodate for folks that may live in different homes during different times of the month. We had some stakeholders let us know that joint custody arrangements can be common and wouldn't fall within the definition. Joint custody arrangements, children in foster care and members transitioning, these are the only exceptions they thought of. However the definition does say it may include. However if you have any other ideas though it - - on what may be covered. Let us know. The intention would not be to restrict anyone from getting the exemption. Please let us know and we be happy to [Indiscernible].

Let's move on unless someone has a question or a comment.

I do say Q&A said the connection was lost. We have folks looking into that.

But our in room audio expert logged in and said he is here. Anyone having trouble with connectivity please let us know.

If you cannot see the webinar, please let us know.

Okay so the EVV project scope. I will pass this to my colleague Sidney. She is the data analyst. She will talk about what they are currently doing in Colorado since we have some early adopters.

Again I am Sidney the EVV data analyst. The department received all data that is submitted through the Sandata aggregator. Anyone currently using the system we can [Indiscernible] that. In this table you can see there's a quick summary of the utilization so far. You see service types in the left column. As you can see not all service groupings are here. This is because not all service groupings have a visit associated with it. Or they have not had a visit printed yet. This is not a complete list. Just the ones we have data for. Just next to that is the client count for each service grouping. You can see at the bottom we have about 300 clients who have received EVV services. These are distinct clients. Within each grouping you could have somebody receiving personal care and that client could be in both groups. Then the column to the right is the visit count. That is how many visits we have gotten since go live. And we have had roughly 16 visits since the program started. Then we have about 37 providers. Providers could be in different groupings. Keep that in mind, this isn't parsing out each provider. They could be providing services for different groupings.

Then on the next slide we have verified and unverified visits. We wanted to break down that 1650 number from the previous slide. We want to show you what that looks like. Just to briefly go over a verified versus unverified, the state considers verified visits to be complete. Were all data points are corrected. This would make it a compliance visit. That means that the visit will be able to match to the claim line. Keep in mind this is not a real match but possible for it to match. And then the inverse is an unverified visit. Incomplete meaning one or more data points are missing from that visit. If it's not compliant so it cannot match to the line. This is a situation where the exception is thrown and the provider agency in one of those missing points in order for the visit to be verified and to be completed. And then finally possible to match to the line.

We have verified visits and about verified visits out of the total of 16 - - 1650 and then you're subtracting and you have 1387 and unverified. The percentage is fairly low right now about 19 percent of visits coming through our verified. Just a reminder for all providers and agents to make sure you're going through and missing data points to acknowledge any exceptions and then you'll be able to have claims that can match to those visits. It is matched by claim lineup claim overall.

That is an overview of the system and the data we received. And now John will go into some details on what it means if you get an error code.

This is the remittance advice that all providers get. The first part is from the provider newsletter that is sent out to all providers talking about the explanation of benefits the 3054. It's the EVV record required not found. What this looks like on a real Kevlar A out - - is on the next slide. It's a real RA where everything was blanked out. This is the very latest one. This is showing that on each line you can see it is not just saying general advice. General advice is pay attention to EVV. It is actually by procedure code that comes across. You will be

able to see in pretty great detail if your individual claim does not have an EVV. This is set up and totally live. If you are curious if the EVV you are submitting and you know that you are billing in a certain way, and you're putting the EVV through and you're pretty sure it works, this is where you can check it out and see the service from and service to date with that code has an appropriate EVV. Does anyone have any questions on this?

[Indiscernible-low audio.]

Did I understand correctly, that - - late-summer 2020 all providers are required at the latest to start using EVV as a requirement. But then the late billing does not occur until 1/1/2020? I'm sorry, 2021 from the CMS mandate.

That is correct. So - - this claim at it is in place because we developed it before we went forward with the delay. This is for your information. But you should really be paying attention to this once EVV is mandated.

It's very important and good to have. And it will continue to display even after late-summer. But the real hammer comes down 1/1/2020, or 2021, when having this column there will mean you don't get paid. Is that correct?

Yes. That is correct. This 3054 let's providers know that the claim right now is - - FYI, this claim means EVV, voluntary EVV. When it's mandated, this claim line is required to collect EVV. January first, 2021, this claim is subject to denial if it does not have EVV. It's letting you know that it's working or not.

So this is how you will know if you are compliant.

There is certain exclamation that makes sense. If they come in after late-summer and they say I'm not using EVV but you're supposed to because the state of Colorado mandated it, you will get dinged. But then in addition to that, if you are in 1/1/21 you actually won't get paid. Is that the right way of looking at it?

We don't yet know what the relationship with service will be. If we take the survey piece out of the explanation that would be the explanation. Now it is for your information. Once the mandate is in effect, you will know if you are compliant by looking at the RA and then the claims are subject to denial on January first 2021. Unless the department states otherwise.

The one thing you mentioned was about the survey and how you will be looking for compliance. We don't know if they will be involved yet or not. That was the one piece I wanted to correct.

There mandate is to make sure you do everything correct. Nevermind.

I will issue guidance on this. Just to clear it up. Because this is confusing enough that we are going back. We will look at trying to make sure we have a clearly defined and spelled out.

This is [Indiscernible]. Excuse my ignorance, I'm sure it's covered through all the meetings. Will the system - - will the clocking in and clocking out if it's done properly will it build for you or are you located going to bill for those services?

I take this one ?

Of course. At this is John - -

This is John from the department. This is a huge point of confusion. EVV is a completely separate and unique program that is verifying the visit is done. It does not automatically build the department. This is a really good thing for providers because it is all of your normal billing product and processes you are doing already. You are doing those and you will have a record of the visit and a lot of providers administratively really love this. It shows what care is being delivered and how everything is going. It shows the real-time record being uploaded

at the time of service. That is very useful. The billing process, if that is tied in gets convoluted and confusing and then if you change the EVV and it changes your billing and especially if people have third-party billers. If you hire a new biller and they have to know everything about this system, so its own standalone program that provides the verification please just keep all of your billing as one. Excellent question.

[Indiscernible-low audio.] it's a huge administrative work you're putting on us in addition to everything else.

The question was about has the department looked at increasing reimbursement rates for EVV? The department is continually looking at our reimbursement rates and comparing them to the national averages and to a variety of state specific components. We are always looking at that. At this time we don't have any rate increases that will follow along with EVV. However we will go through those processes.

Just to clarify through the federal mandate does not come with any increased revenue for the state. We don't have any increased revenue so any rate increases that would be a result of EVV would have to be legislatively [Indiscernible].

Do we have any other questions or comments? We have 10 slides left and about half an hour. This is Andrew.

The comparison is looking at whatever EVV data is in the aggregator. That's at the time the claim was submitted. Is that correct?

Yes.

Okay. So if you entered a manual EVV entry and resubmitted the claim would potentially be processed the second time?

Yes. This is John with the department. Please give in mind that we are working on enterprise-level systems and so things take time to upload in batches. They upload at night. On day one you update the EVV, and then it needs that time to come across as a batch. Then it comes into the aggregator for some systems. If it goes right into the aggregator it does still need to upload and it needs the M MIS or the DX C and that's worth doing the magic. And so if there's a really quick turnaround. If you as an administrator are looking to update immediately and then bill immediately, a lot of times that will not match directly against the updated EVV. Is that what you're asking?

In that scenario maybe wait a day or two and resubmit?

Yes.

Thank you.

Thank you.
[Indiscernible-low audio.]

Within the system it updates at night or technically by day end. Super early. Hopefully you are asleep. It batches up at night. So it comes into the aggregator which you can view and see all of the entries and those entries that are in. It is totally accessible by the administration. But that needs another day to come over to this.

That should be clearly communicated. It's very different from how it is now. We are going from whatever we had before and you put the claim in and you see right away denied or paid. Like instantly. So if that goes away that could be communicated so people are aware of that.

This is a great point. All of the billing systems are staying the same. EBV is a separate and unique program. The program does take the day to upload. Then you will be able to bill to see if it denies or pays. Nothing changes with billing. It's just the EVV upload.

If I understand this correctly, I update the EVV in the system but if I go in right away like I am use to it hasn't reached the billing system yet. What I'm talking about is if we are making a change to EVV please allow a day or so for the information to reach and then you can re-bill and you will know whether you got paid or not. Otherwise you will get paid because whatever you did didn't make it through.

That was on the list so we could make sure it is clear.

Any questions for John or Sidney before a move on to the call center report?

One quick one, city. Is it correct to view this as [Indiscernible-low audio.] unverified are the [Indiscernible]. [Indiscernible-low audio.]

[Indiscernible-low audio.]

It's hard to say what kind of data point is missing.

I understand. My question is specifically the language of all data points. If someone didn't clock in or out at all. So I had a caregiver that didn't clock out at all with that be in your statistics as an unverified visit or not show up at all ?

It did not show up at all.

Thank you.

Are all claims in the Medicaid system received these unique numbers? If they have the devices at home or will they have them at their home to start providing services?

So the Colorado State EVV solution we are implementing the bring your own device method. It means the state will be provided technology. It would be the caregiver utilizing their own mobile app. It will be the provider giving technology to the caregivers using the home phone. We won't be providing technology. When a provider agency utilizes the state EVV solutions, you'll populate the clients information, at that point it's when a unique Sandata identifier will begin. If you didn't choose to use the solution for provider the system, that identifier doesn't currently exist. An alternate vendor won't necessarily use the same type of identifier.

The first point of decision for any agency is the state solution and that is one task and how members are identified or your own system and that will send you down another path on how members and caregivers are identified.

We will move on to the call center report. This is an update on what happens with the Sandata call center. As a refresher here is there information. The email is up there twice.

These numbers were provided by our folks who helped manage the call center. This is to give you a scope of what is happening. I apologize the numbers are small. We tried to make them larger. They are hard to read. If you can't see them feel free to grab the PowerPoint off the website and then you will be able to zoom in better.

The first slide is on calls presented. This is an overall layout of how many they are receiving. The presented calls are in dark green. The answer calls are in the light green and abandoned calls are in great. What that means is on the first date there, September seventh, we had maybe 10 calls presented and 10 answered. If we look over to the middle which is October I can't even read it. We see we had a handful of calls presented.

It was presented and we do have a little bit of a rate where you see at the top. It is good that we have a similar light green and dark green. That means people who call the calls are being answered.

The next slide is calls answered and 62nd. We have a high rate here which means we answer the majority of calls in 60 seconds. The lowest we got was right when we opened up the call center. So on September seventh, we had about a 91 1/2 percent of calls were answered in 60 seconds. We've been consistently hovering between 93 and about 97 percent of calls answered within 60 seconds. What that looks like it's that we have a sufficient number of people answering the call. One thing they were aware of is we did have issues with the DXD call center. We tried the best to make sure it's available and responsive. The current data shows it is. If you are having a different experience, please let us know.

The next slide is percent of calls captured. This is the amount of calls that were answered from all calls presented. We have a pretty high rate here. If you could look at this in tandem with the first light. There are usually over 90 percent of calls. Situations where they may not have been answered could be someone hung up or someone called back after hours. It is a high percent of calls that were answered. Typically they were above 95 percent and many days we are at 100 percent.

The last side is average answer. So the dark green so those big bars are the average time of call in second. That light green which is a small bar at the bottom is time to answer the call in seconds. Information is a little bit easier to read. Long story short we are answering calls quickly and is not taking long to answer.

Does anyone have questions on the call center report out?

I think we had how many providers?

[Indiscernible-low audio.] accounts for anyone who had the call center. So they wanted to learn more about how to connect with the state EVV solution. Maybe they use their own system. It wasn't just providers currently in the system and using it. It could be anyone who decided to call the Sandata 1-800 number. That said we will see the volume of calls? As more providers get in the system. We are confident we have the call-center representation necessary to accommodate that volume. That said, we encourage you to get in and learn the EVV system and talk to the Sandata folks. This is primarily early adopters. They have not all necessarily connected.

[Indiscernible-low audio.]

Any other questions on the call-center?

We will briefly go over the roadmap again. Just to let you know how long and how far we've come. When we kicked off this project in 2018, we began these stakeholder meetings in fall of 2017. We were on this path for a while. We are in the soft launch phase and providers can begin to use the systems they would like. We will keep it up as a reminder of how far we have come. Just a few quick points on the soft launch. They're allowing providers to get in and use the system voluntarily. They could begin using this system either the provider choice system or the state EVV solution on October first. Providers can begin to collect data transmitted to the department. Sydney will receive it and she will process and know what's happening. That data is very important for us to collect. It helps us to understand if the system is working or not. It helps us understand what sort of potential claims impact there may be if providers are not understanding how to use EVV. The data is being used and it's valuable to us. The soft launch is an opportunity to familiarize providers with the system prior to claims integration. That is the 1/1/21 date we discussed earlier. Claims will continue to pay. You will see in the remittance. You will know if there is something correct. It's an opportunity for caregivers to practice the collection. So we know all six points of data are collected and that members become accustomed to EVV. They become familiar with the caregiver clocking in and clocking up. It will help the department identify and develop supplemental training materials. Just as the stakeholder meeting I think we have three or four items we need to create. You will let us know what's working or what's confusing. It is helpful to us. We encourage you to get in the system we value your participation.

With that, the last point on the agenda is to discuss stakeholder engagement. We have historically over the past few years had at the most five monthly stakeholder meetings about EVV. We love talking about EVV and it sounds like you guys enjoy hearing about it. We had our subcommittee is the consumer and family caregiver subcommittee. The training and communication subcommittee and the systems subcommittee and the privacy subcommittee. We disbanded the privacy subcommittee earlier this year. We worked to understand if Dave had any outstanding topic. We dissolve that sometime ago. Just this last month we sunset it two more stakeholder subcommittees. The training and communication subcommittee and the systems subcommittee. The reason for that is the training has developed and a lot of providers have gone through the training. All of the in person and webinar training has concluded. The majority of the trainings that are left are soft training. We will have a few more webinars. We felt we concluded a lot of the work. The same with the systems subcommittee. The data aggregator and the state EVV solution are live and running. At this point the changes we would make would be because you guys helped us find that during the soft launch.. The remaining subcommittee is the consumer direction and family caregiver subcommittee. We have that meeting next week. We will talk with that group about the purpose of the meeting and if it's the right choice. That will be determined. I guess my question for you in this remaining 10 minutes is how would you like to use this meeting? Like I said, we've been having this meeting for over two years now. We give you a lot of project updates and try to give you information which we think you may find useful. If there's a different purpose for the meeting we want to hear from you. This is a space the department created to learn from you. I am opening to folks on the phone. I think we have about 100 on the phone. How would you like to use this time going forward?

I looked to my left - -

We will pause for a second and get some opportunity for people to un-mute.

If you have comments you are welcome to put them in the chat box. John is monitoring that and responding to those. We would be happy to take any comments.

Hurry, Alex.

I don't know how I feel but this but for me this meeting is of critical importance. It's one place where you can exchange views and its important for the updates. And I like the format. And some of the parts that are a little repetitive. I know you need to repeat them. There are always new folks joining. May be one could shorten that. Even further I think the format and the information is good. We need to keep going in light of so many unresolved issues we face. We have come a long way and a lot has been accomplished. It's still a good use of all of our time.

Thank you.

There's a couple in the chat box. I will go ahead and read out loud. We have a comment it would be great to hear from folks who are doing the rollouts. Tell us how it's going. That's a great option. If there are providers on the call using EVV. We would love to hear from you. Reach out and let us know if you would be open to talking for the group. Our email address is [Indiscernible]. You can tell us what's working and not and the overall information session.

We need providers to volunteer. We have another comment that it would be beneficial to hear about challenges people experience with EVV. It would be great to not have to re-create the wheel. A very similar comment. I will use this as an opportunity for providers to get in the soft launch. Anything else?

[Indiscernible-low audio.]

Because of the delay it's process as usual. We are still working internally on that. Making sure there's no comments on the webinar.

Because my colleague over there started it going down we will come out shortly. We talked already about travel time and I guess that is connected to professionals and how it will all work when this is put together. But the other thing I'm not sure we mention or talked about is what was the procedure or intention when we get a new client and we are supposed to start services but the client is not in the system yet? Did we ever figure out that?

This is in your EVV system ?

[Indiscernible-low audio.] we don't have this and let's say it's not in that system either.

Can we start services and go in and do manual entries for EVV because they were not able to [Indiscernible]. Does that have to [Indiscernible]. What is the solution there.

That's a good question. We will put that on the list of topics to get formal guidance on. The intent is to not change enrollment practices for individual providers. So if a provider will currently take on the risk of providing [Indiscernible] to a client that does not have an active [Indiscernible] yet. We appreciate that and my tentative answer would be this. You would manually enter EVV for that short period of time. That said I want to make sure we get out public guidance on that.

Probably a year ago there was [Indiscernible]. Where the provider had the capability to input that client. I don't know if it was temporary into the system.

I think if the client doesn't have a state ID yet or a buffer number we do have an answer from our vendor. [Indiscernible-low audio.]

Unknown visit.

Unknown client.

You can create an unknown client.

That will trigger an exception that can be corrected later.

Then at some point you enter this data in this is in most cases we have the state ID. Maybe just take some time to make it. You have to do the same thing with the state ID you have to select [Indiscernible-low audio.]

We should - - we should put this on the radar. To put information.

[Indiscernible-low audio.]

As long as I have a state ID. We will have the power and I could start verifying and that record will be there.

[Indiscernible-low audio.]

If I don't have a state ID then I can input unknown client.

We have time for one more question.

How long does it take one to input [Indiscernible-low audio.] in the system ?

My understanding it is immediate.

I don't know if it falls into the [Indiscernible] [Indiscernible-low audio.]

It's important to note that the EVV system, the solution system is one way information. The state - - once the information does - - it's there it's possible that the member has a full Medicaid ID. That information is not automatically loaded into the EVV solution. All of the information comes to the state as it comes through. The state solution is web-based and immediate. As soon as you have it go across the data connection is uploaded into what is going on with Sandata. But for two come across into the MMIS.

As soon as you enter the client you can begin collecting EVV data collectively. Click okay again my name is Lana Eggers. We will see Danielle Walker back in a few months. If you have any questions you can email us.

[Event Concluded]