



COLORADO

Department of Health Care
Policy & Financing

MINUTES
Electronic Visit Verification
System Subcommittee
Monthly Stakeholder Meeting

303 East 17th Avenue
7th Floor - Conference Room 7C
Denver, CO 80203
June 13, 2:00 pm - 3:00 pm

1. Call to Order

Danielle Walker, EVV Policy Specialist called the meeting to order at 2:00 p.m. and thanked stakeholders for volunteering their time.

2. Roll Call

Introductions: Danielle Walker – Engage stakeholders and provide input; Nathan Culkin – HIO division director; Jose – Director of IT; Jamie – Family of EVV affected; Abigail Mikely – Advocacy director; Andrew Lane; RD for sample sports; Continuum of Colorado; Allied home care; Alec – Board of home care of Colorado; John Bannister – EVV Project Manager; Bryan Fife; Tracy McDonald – EVV Business Analyst; Devin Meyers;

[ON PHONE]: Webster Petes – 5280 Home Care; Jennifer – Evergreen Home Health; Lilliana – Respect Home Health; Lauren People Home Care Health Services; Michelle – Care Provider; Kevin Hardy – IT; Professional Home Health Care QA; Tom Rhodes – family voices; Allied Home care; Christine Cameron – Arkansas Home Care; Financial Services; Brad; Jude Wilford – Young Adults; Home Care Association; Leslie Baker – VP Home Mobility Exchange; Corey Gillette – Deltrak.

3. Meeting Notes

A. Recap

Why is EVV required?

1/1/19 Implementation date for PC and Home Health

Purpose of System [Design] subcommittee: to discuss requirements and configuration of EVV system

Our mission is to improve health care access and outcomes for the people we serve
while demonstrating sound stewardship of financial resources.

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B. Discussion on implementation updates:

Nathan Culkin provided update:

- Contract is at CMS – we hope to have executed in the next 1-2 weeks, hopefully by July 1.
- Phased implementation was discussed last month, reaching the minimum requirements for 1/1/2019, and enhancing the system at 6 and 12-month phases.

Bryan Fife: Two updates:

- Key takeaway on CMS guidance – residential services not included. Thankfully!
 - However – need clarification: DME setup within the home requiring EVV
 - Additional: Personal care and Home health through MCO's - there is no distinguishing
 - Therefore – Bryan has call scheduled with Ralph Lohr
- Two bills to delay:
 - We are watching them, but continuing our timeline, plan on using the time to continue stakeholders

Q1: (Alek): the state will require EVV as of 1/1/19, yes?

A1: Bryan and Nathan: We will implement on this date, but policies behind it may have changed timelines

SB 2897, HR 6042 Bipartisan bills to delay implementation requirement dates

Q2: What timelines will change regarding the bills?

A2: Implementation/soft roll out date still 1/1/19, other phases may reflect changes

Q3: (to group) If the contract is not signed within timeframe, should we push next meeting to August

A3: (unsure) Will work through scenarios

Q4: (Kay) – have we defined exactly what Personal Care means?

A4: (Bryan) – per CMS guidance, they define it as broad ADLs or IADL's (?). We are reviewing procedure codes and pursuing additional clarity from CMS

C. Q&A: (David Bolen @ Allied Home Health Care / Bryan Fife)

Q5: need rules on how an FMS (?) agency has to implement EVV, it takes months to make sure the system is designed correctly and meets rules, seeking definitions of exactly what's covered... the items that will influence the design of the system

A5: difficult to work rules without CMS guidance, however, focus remains solid on the 6 points of data

Q6: Will this not prevent fraud? The six data points still need the method behind them.

A6: the rules are internally processing now and were touched on at prior all stakeholder general meeting.

Q7: CDPHE, post payment random reviews, outside parties reviewing their work. Wants info on how Sandata or other vendors will do this

Q8: (Jennifer Evergreen home health): When will aggregator be available to test if they want to use their own system?

A8: (Nathan): Between Jan and June. Aggregator will be running on 1/1/19, but allowing a 6-month time period for them to test processes with Sandata

Q9: (David B) – will Sandata charge for this?

A9: (Nathan) – we can't pay for your vendor, but we have Sandata's patch in our contract

D. Q&A: (Alek and Nathan)

Q10: Regarding basic functionality of Sandtrax clock in/out and edit screen... Providers need to only upload caregivers, so the system will already come pre-loaded with client data. Can we make sure that providers have a way to add new client themselves before the PAR arrives (sometimes weeks later)? Maybe access rights to edit screen to input this new data?

clarify – when patient is already receiving services before PAR is submitted?

...Sometimes it's weeks before you can access record to clock in/out?

clarify – need ability to clock in/out when client may not even be in the system yet.

A10: We may have a challenge with it, but we would have the ability with the PAR, also some of the data can be backdated

Feed from CMS eligibility system is uploaded daily

Q11: (Michelle Mondragon) documentation issues at renewal caused payment delays historically, would EVV help or hurt these scenarios?

A11: (Nathan) EVV tool will not fix delayed eligibility issues and errors, however, even if client is not currently eligible, we will still have that record in our system and can access that data, so clock in/out would still be available.

Danielle – reiterate that the goal is that the system be not disruptive to users

E. Q&A: (Alec/Nathan)

- Travel time – not something that needs EVV, but providers need to have ability to record travel time somewhere in the system because it is billable. It needs to be editable.
 - Because billing did not function w third party tools, we opted out of that function and have to reevaluate that piece.
 - The billing process is now completely separate, so we still have to submit manually/separately, and the system will cross check on its own?
 - Yes, it could potentially cause more of a disruption on it's own
- Scheduler – missed visit alerts are potentially the most value-added system to providers. Therefore, we would likely not want to use a system that does not have this.
 - Roll out slow instead of big bang. Scheduler is in the scope
 - Bryan – the timing and phases is still in the scenario list that we're billing. What's the standard for timing, for example?

Q12: (Jim Boyce-phone) when are the rules going to be available?

A12: (Bryan) hope to have presented to stakeholders by September.

Clarification: (Bryan) Business rules and regulations are two separate processes, reminded participants of phased approach

Business rules will have to correlate with regulation

Q13: (Christine from Arc at home health care-phone): Requirements are so important. We need to allow time for phases like system design and trial. Sandata has done this with 18 other states. Can we get sample rules form them?

A13: (Nathan) yes – we have reviewed Sandata implementation on other states for lessons learned. We will not allow vendor to tell us what worked or didn't work, we will be validating requirements and go through a life cycle of testing and design. We'll reach out to external stakeholders to do user acceptance testing for all project phases

Q14: Can we have testing timeline? Can we get sandata requirements for third party aggregators?

A14: We have gathered other states aggregator file layout and are prepping to share

Q15: What is the best subcommittee to be in for family caregivers?

A15: Bryan: General full stakeholder committee, CDASS or Privacy subcommittees

F. Next stakeholder meeting

General – June 19, 2018

G. Adjourn 3pm