



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES**

### **Electronic Visit Verification**

#### **Training & Communications Subcommittee**

#### **Monthly Stakeholder Meeting**

303 East 17th Avenue

7th Floor - Conference Room 7B

Denver, CO 80203

Wednesday, May 30, 2018 at 10:30 am

### **1. Call to Order**

Danielle Walker, EVV Policy Specialist called the meeting to order at 10:32 a.m.

### **2. Roll Call**

Jody Davison, Eloiss Hulsbrink, Carol Mitchell, Kari Moon, Leo Bekker, Devin Myers, Jennifer Wingenbach, Luke Hunter James-Erickson, Kady Predota, Teresa Dishman, Wilfred Ramero, Heidi Haines

[Danielle invites call-in participants to introduce themselves]: Demi Morris, Renee (Last?), Brendan Miller, Shauna Horton, Robyn (Last?), (First?) Simms, Katie Burkow, Pauline (Last?), Andrew Lane, Steve Domar (Missing 2 names?)

### **3. Meeting Notes**

#### **A. Introductions**

#### **B. Meeting Agenda / Goals of Meeting**

- Overall goal: Identify current issues and find solutions for each of them
- Continue to focus on Communications and Training topics
- Updates – Things we've been working on
- Scenarios – Common themes throughout stakeholder concerns; address and design communications for legislators and policy makers
- Deliverables – What you want to see come out of the subcommittee meetings

#### **C. What is EVV / Why is it required?**

- Federal Mandate as the overall driving force; necessary to keep in mind as a frame of reference

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

[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



#### D. Goal of Subcommittee

- Identify issues with current communications strategies and develop solutions to provide information regarding EVV implementation
- NOTE: potential future split in Training and Communication subcommittees

#### E. Communication Goals

- Education and Support
- Effective Communication = what is EVV? What is happening? How will HCPF support providers/caregivers/members/etc.?
- Demonstrate competency of department in supporting providers/members.

#### F. Communication Plan

##### 1. Background Information

- Providers, family members, caregivers
- Importance of *Narratives*
- How this will be better than iCOMMIT/interchange
  - **Creating a "Lessons Learned" Document**

##### 2. Members

- Privacy Concerns – Privacy Subcommittee
- Does EVV apply to me? If so, in what ways?
  - **Create Narratives**
- Engage members in implementation process

##### 3. Providers

- Does EVV apply to me? How do I know if I need to do this?
  - **Create / Disseminate List of Parameters**
- Engage providers in implementation process
- Disruption of Billing?
- SUGGESTION: Provide list of available options (3<sup>rd</sup> party EVV system + Aggregator vs. State System; Pros & Cons of each)

##### 4. Internal HCPF Messaging

- Employees who are also members can help spread information and inform other members

#### G. Identified Stakeholders

##### 1. Members/Clients

- **NEED DEFINITION** – Medicaid recipients; self-advocates, etc.

##### 2. Providers

- Third party

##### 3. Family Caregivers

- Caregivers that are not family yet not linked to specific provider?
- 4. Legislators
- 5. Advocacy Groups
- 6. Case Managers
  - Concern: a lot of training will be necessary on the caregivers' side
  - Practices do not currently have ability to distinguish between family and institutional caregivers within their system

## H. Material Production

1. "Getting to Know EVV"
  - Need updates on where contract process is at currently
  - Danielle is working on getting access to web content management, so she can update EVV website more frequently
  - Concern: Lack of information; where are we at with CMS guidance?
  - Concern: Stakeholders still do not have Sandata system information; will a list of other 3rd-party vendors be disseminated?
  - Still waiting on CMS guidance to know which vendors will be certified

## I. Dissemination Plan

1. Identified stakeholders that we will contact and send messages to directly; who then send it out to their contacts
2. Newsletters via Constant Contact

## J. Scenarios

1. What are identified strategies to contact rural providers/members?
  - Targeting Snail Mail using Zipcodes
  - SEP
  - Providers with paper billing?
2. What are the best communications methods for meeting reminders and EVV updates in general?
  - Email (overall general consensus)
  - Only emails for Milestone events – don't need extremely detailed emails
  - Add more detailed updates in newsletter or in bi-weekly "update" email
3. How to get information to those without access to internet?
  - Mailers in advance
  - Have meetings in Rural CO/on Western slope (in-person)
  - Recorded number to call to get updates
  - Summarized quarterly updates on CCDs

4. What options are needed to ensure materials are ADA compliant?
  - o Readers?

## K. Questions / Answers / Discussion

1. Is there anywhere this was rolled out successfully?
  - o Ohio
  - o Hiccups, unintended consequences, developing measurements of success
  - o Danielle is communicating with other states and compiles information (i.e. other states suggest a robust training plan, etc.)
2. Jennifer – Are providers going to be checked off on our training? How will we know that everyone was trained?
  - o Danielle – This is a policy decision on which Colorado has not yet made a definite determination.
3. Carol – Did you ever find out if the Department has taken a stance on whether or not they are for Bill 2897, which asks for a one-year extension to implement the EVV system?
  - o Danielle – HCPF is going ahead with EVV pilot launch and plan to be fully rolling out January 1, 2019. CMS has not distributed any guidance regarding what options are available for extensions. Since we do not know if the bill will pass or not, the Dept has to stay on track for current implementation deadline.
4. Does Bill 2897 impact the decision to sign contract with Sandata?
  - o Danielle – No
5. Will we be paying Sandata for an extra (unnecessary) year of contract?
  - o Danielle – We won't delay because we don't know where all the other moving pieces are right now. As far as I know, we are going ahead with signing the contract as soon as possible to move forward with all project plans.
6. (?) – Will there be a whole separate portal we will have to submit our billing requests to? Or will we still be using the Medicaid portal?
  - o Danielle – That is my understanding. We will follow up with HIO to add a more definite answer to that question in the next FAQ/Fact Sheet.
  - o Teresa – We already implemented a similar EVV system through a 3rd party. It has been a difficult transition over the last year. It does tie into the Medicaid billing system, for us. However, we have to do a lot of manipulation of the data to get paid correctly through the system.\*\*
7. Luke – From the provider's point of view, will we receive a list of certified agencies? Will we be able to continue using our same system? Will there be a set of recommendations/requirements?

## 4. Action Items

- A. Connect Webinar features to make call-in option more accessible/easier for future meetings
- B. Clarify Stakeholder Group Definitions
- C. Follow up with HIO to answer question regarding the Medicaid portal and billing request submissions.
- D. Follow up on what Teresa means by “manipulating the data to get paid correctly”.
- E. Reorganize website
  - o Make Meeting PowerPoints easier to access for call-in participants