

Department Updates and Electronic Visit Verification

Presented By: Colin Laughlin, MPA

Director, Benefits and Services Management Division



Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



Legislative Rate Updates

Across the Board Increases

- All services not included in the Targeted Rate Increases will receive a 1% increase with a retro-effective date of July 1st, 2018. This includes Home Health and Private Duty Nursing.
- SLS, DD, and CES Direct Service Providers will receive a 6.5% rate increase. This increase is part of the Wage Pass Through/Waitlist Legislation. This increase will be effective March 1st, 2019.



Home and Community Based Services Updates

- The Children's Habilitative and Residential Program (CHRP) will be moving over to HCPF starting July 1st, 2018.
- The Children with Autism (CWA) waiver will expire June 30th, 2018. All behavioral services will be available under the EPSDT benefit within the state plan starting July 1st, 2018.
- Home Delivered Meals and Household Setup services from the Colorado Choice Transitions (CCT) demonstration program will be available through some adult HCBS waivers starting January 1st, 2019. The rest will be effective 7/1/19.
- Discounted bus fares to reduce non-emergency medical transportation costs and a new option for Medicaid clients to use public transportation as an alternative to taxi or mobility van services for covered non-medical transportation.



Electronic Visit Verification



What is EVV?

- Electronic Visit Verification (EVV) is a technology solution which electronically verifies that home and community-based services are actually delivered to people needing those services by documenting the precise time service begins and ends.
- Includes multiple point-of-care visit verification technologies, such as telephonic, mobile and fixed visit verification inputs.
- **Colorado will have a telephonic, mobile, and web portal verification technologies.**



Why is EVV required?

- Section 12006 of the 21st Century Cures Act requires all states implement an Electronic Visit Verification (EVV) solution to manage their Personal Care and Home Health services.
- States that do not implement EVV will incur a reduction of Federal funding.



What must EVV verify?

Type of service performed

Individual receiving the service

Date of the service

Location of service delivery

Individual providing the service

Time the service begins and ends



21st Century Cures Act

The Act does not:

- Limit the services provided
- Limit provider selection
- Constrain individuals choice of caregiver
- Impede the way care is delivered
- In any way establish an employer-employee relationship



Authorities Subject to EVV

- Personal care:
 - 1905(a)(24) State Plan Personal Care benefit
 - 1915(c) HCBS Waivers
 - 1915(i) HCBS State Plan option
 - 1915(j) Self-Directed Personal Attendant Care Services
 - 1915(k) Community First Choice State Plan option
 - 1115 Demonstration Waivers
- Home Health:
 - State Plan Home Health (provided under section 1905(a)(7) of the Social Security Act or under a waiver of the plan)



*Which Services Require EVV?**

- Personal Care
- Long Term Home Health
- Private Duty Nursing
- Hospice
- In-Home Respite
- Consumer Directed Attendant Support Services(CDASS)
- In-Home Support Services (IHSS)
- Independent Living Skills Training
- Managed Care and Fee-For-Service Delivery
- Specialized Medical Equipment and Supplies*



Benefits of EVV

- Improving accuracy of service delivery
- Verifying visits on a real-time basis
- Automating missed visit alerts to more quickly implement back-up plans
- Validating hours of work
- Eliminating billing data entry mistakes
- Reducing costs related to paper billing and payroll



State EVV Model

Hybrid Model

- Colorado selected a vendor that will provide EVV solutions while allowing all providers to choose alternative/existing EVV systems, if they meet state specifications

Benefits of Hybrid Model

- Providers have the flexibility to select their own EVV system
- Providers have a free solution through the state if they so choose
- Providers have centralized platform to use without running their own procurements, alleviating burden if they choose.
- Centralized platform facilitates linking EVV with MMIS claims data.

State EVV Vendor

- Sandata Santrax Payer Management (SPM) solution.
 - Santrax has experience with state Medicaid systems.
 - Integrated with interChange in other states.
 - Interface with our MMIS.
 - Experience with hybrid models.



Colorado EVV Technologies

Mobile App

- **Strengths**
 - Services can be delivered in a variety of settings
 - Can work in rural/frontier areas does not need Wi-Fi to collect the data
 - Secured solution when GPS is enabled
 - Web portal feature to provide flexibility for devices to input data (i.e. retro location determination)
- **Weaknesses**
 - Concerns around tracking and privacy

Telephony

- **Strengths**
 - Landline can be used or any phone if landline is not available
 - Members prefer this option
- **Weaknesses**
 - May not work in rural/frontier areas due to lack of cellular service
 - Requiring that check-in and check-out occur from the home
 - Could restrict the ability of the member to receive services in the community



"Soft" Launch

- In this type of implementation, the state requires that EVV be submitted in accordance with a claim, but does not initially deny payment based upon a lack of data or incorrect use of EVV.
- Instead, the state agency uses the information and errors to provide additional technical assistance and training targeted to key problem areas and providers that are struggling with the technology.
- The soft launch period can give all entities enough time to acclimate to the new requirements. Once the soft launch period is over, the EVV system(s) can begin denying claims if the system is not properly used.



EVV Implementation Timeline*



Phase 1

- Execute contract
- Develop business rules
- Develop policy decisions with stakeholders' input for "what if" scenarios
- Start pilot phase
- Start training



Phase 2

- Launch the EVV system for the providers that are NOT using a 3rd party vendor.
- Launch Aggregator
- Launch BIDM interface



Phase 3

- Sandata begins to verify 3rd party vendors.
- Stakeholders provide input on the configuration on the EVV Scheduling module.
- BIDM will begin producing reports



Phase 4

- Launch the EVV Scheduling Module for the provider community.
- interChange begins editing claims



Phase 5

- interChange begins denying the claims that do NOT have a corresponding EVV transaction

* Dates and times will be solidified upon contract execution



Department Implementation Milestones

- Established monthly EVV stakeholder workgroups subcommittees
- CO has reached out to over 20 states to gain insight on establish best practices, and lessons learned
- CO has partnered with NASAUD to establish Cross State EVV workgroup bi weekly call
- Contract with Sandata has been sent to CMS
- User friendly EVV website being developed
- Three new FAQ's/Fact Sheets being finalized and will be posted to EVV website



Implementation Partnership

- The Department recognizes there are multiple services and service delivery options that are impacted by the implementation of EVV.
- Collaboration with stakeholders on the development and implementation of EVV across all services and service delivery options is vital. Accordingly, the Department has monthly full committee and subcommittee stakeholder meetings.



Stakeholder Subcommittees

Training/Communication



System Design



Privacy



Participant Directed Services



Subcommittee Identified Top Concerns

Training Communication

Communicate
what is EVV ?
how it will be
better than
InterChange

Robust
Communication
Plan

System Design

Ensure System
is prepared to
accommodate
any errors

No Billing
disruptions

Privacy

Members not
tracked

Data is safe

Participant Directed

Members
maintain
autonomy

EVV system may
not be ADA
compliant

Communication Goals

To effectively educate and support Health First Colorado members and providers before and during the implementation of EVV

To demonstrate the Department's competency and level of support during transformation system implementations

Communication Plan Material Production

EVV Fact Sheet/FAQs

Draft schedule of
stakeholder meetings

Training Plan

“Getting to Know EVV”

Provider and Member Surveys

EVV Web Page

EVV Videos

Stakeholder Engagement
Tool Kit



Material Dissemination Plan

E-Mail

HCPF Staff

Other State
Departments

Department
Publications

EVV Stakeholder
List and EVV
Webpage

Single Entry
Point Agencies

Community
Centered
Boards

Provider
Bulletin

DXC Call
Centers

Client
Communication



The EVV Team

Policy Specialist(s)

Quality Assurance

Communications Specialist

Project Manager

Project Coordinator

Operations Analyst



Highlights of CMS Guidance

- There is no requirement to use global positioning services (GPS).
- Settings that offer 24-hour service availability such as group homes, assisted care facilities are excluded from EVV requirement.
- States can apply for an extension starting in July.
 - Contingent on making a “good faith effort” to comply with the requirements to adopt the technology used for EVV; and encountered “unavoidable delays” in implementing the system.



Next Steps

- Continue robust stakeholder engagement
- Develop regulations, business rules , and system requirements
- Execute contract with Sandata
- Develop a simplified EVV system design for soft launch rollout
- Develop EVV videos



Your Feedback Matters

If you have questions, concerns, or recommendations, please submit to:

EVV@state.co.us

