The Evolution of EVV Systems in Ohio and Connecticut: Lessons Learned, Collaboration and Course Corrections

Session ID #: 2253

Day: Tuesday 8/28 10:30 – 11:45

Room: Essex, 4th Floor

Welcome

- This session is *The Evolution of EVV Systems in Ohio and Connecticut: Lessons Learned, Collaboration and Course Corrections*
- Our session will discuss:
  - Lessons learned from Connecticut and Ohio based on their experiences as early adopters of EVV solutions;
  - Accommodations for the 21st Century Cures Act and CMS guidance;
  - Guidance when planning for procurement;
  - Claims, reporting and program integrity.
- Please remember to silence your cell phones.
- We will manage the session by responding to questions after the presentation.
- When asking questions please identify yourself and use the microphones to ensure that all attendees and the presenters can hear the question.

Speakers

- **Kathy Bruni, Director, Community Options Unit, Connecticut Department of Social Services**

- **Lori Grice, Project Analyst, DXC Technology**

- **Denise Tocco, Senior Vice President, Sandata Technologies**

- **Kristy Wathen, EVV program and Contract Manager, Ohio Department of Medicaid**

Connecticut Electronic Visit Verification (EVV)
Presentation for HCBS Conference

Kathy Bruni – Director, Community Options Unit

August 2018

CT Agenda

- CT EVV Program Scope

- EVV Implementation

- Outreach/Communication/Training

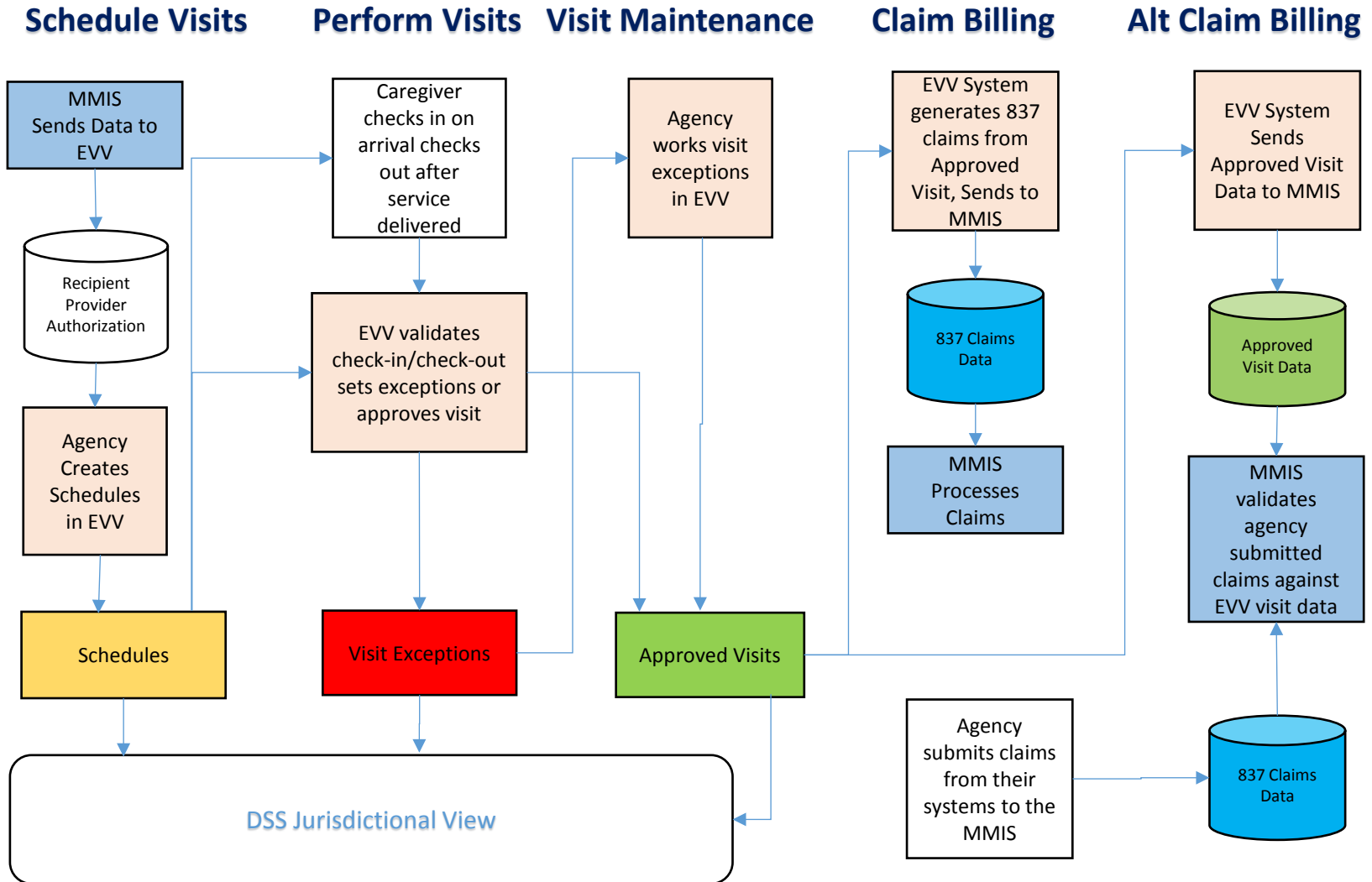- Challenges/Pushback/Feedback/Response

- Expanding EVV in 2018

CT EVV Scope – Approach and Guiding Principles

- What services/programs
  - Home Care (non-skilled)
  - Home Health Services (skilled)
  - DSS Waiver Programs
- Guiding Principles
  - All agencies must go through training
  - All agencies must use the DSS EVV system
  - Contracting Approach

- CT EVV Program Size
  - 295 Agencies
    - 80% non-skilled
    - 10% mixed (skilled and non-skilled)
    - 10% are skilled
  - 41,000 Caregivers
  - 27,000 Recipients
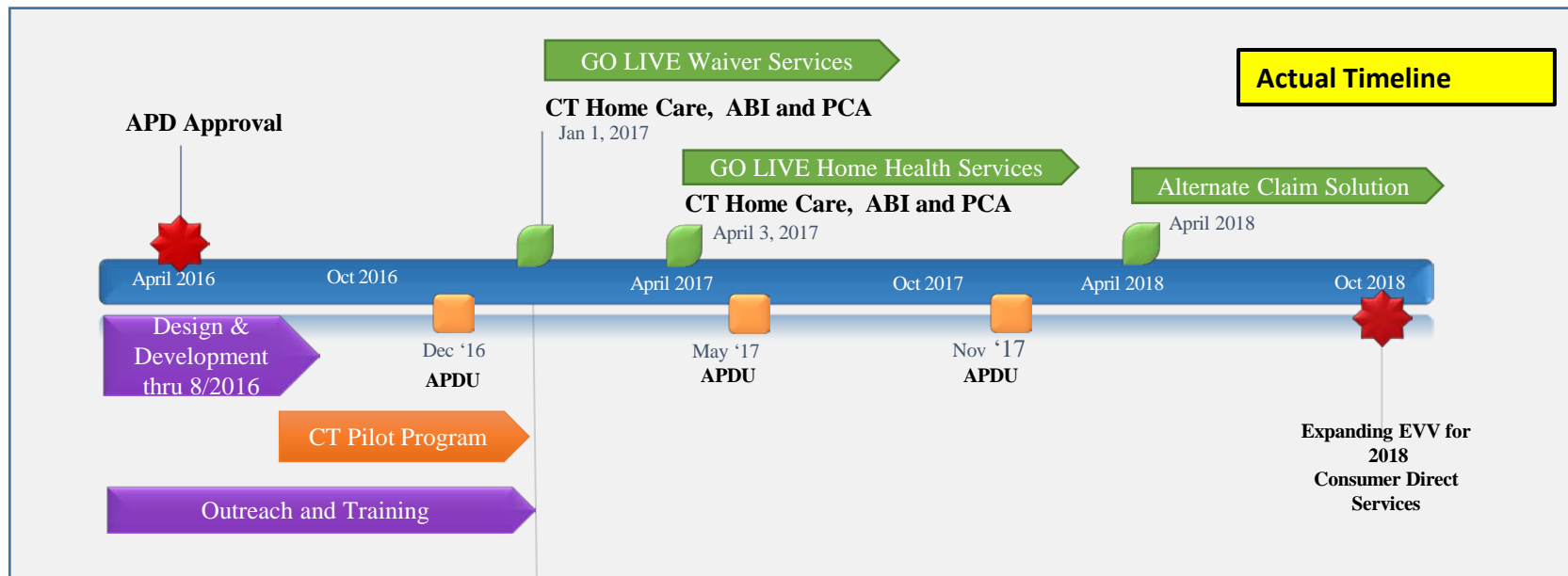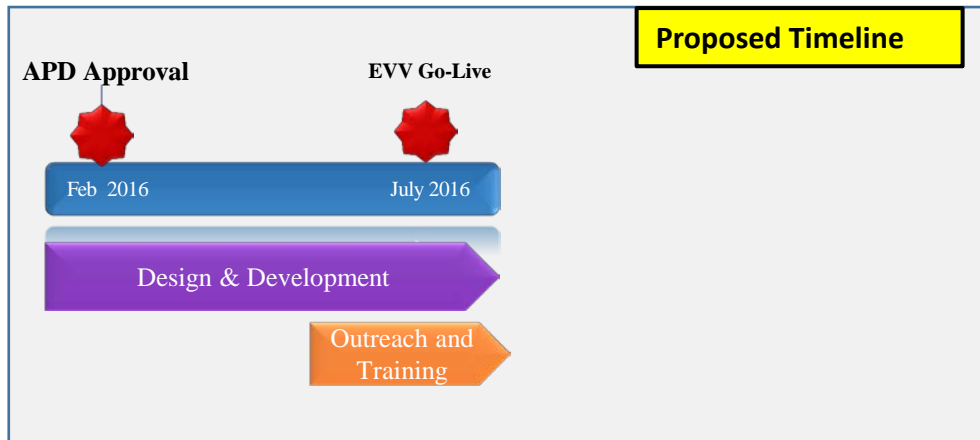 - 345,000 visits monthly

CT EVV Scope – EVV Functionality

Module	Description
Electronic Visit Verification Assured Coverage	Includes telephonic visit verification, Mobile Connect application for IOS and Android, and Fixed Visit Verification Devices.
EVV Provider Portal	Web based access for provider agencies to review and make corrections to visit data.
Visit Scheduling	Scheduling module in EVV allows for quality monitoring of care delivery, alerts for late/missed visits, etc.
Claims Billing	Billing module in EVV allows providers to submit 837 claims to the CT MMIS System.
Jurisdictional View	Web based access for DSS to monitor program delivery.
Alternate Claims Submission Option	Option for providers to submit 837 claims using their own billing system, MMIS edits all claims for the presence of EVV data prior to payment.

CT EVV Scope – EVV Process Flows

Schedule Visits **Perform Visits** **Visit Maintenance** **Claim Billing** **Alt Claim Billing**

MMIS Sends Data to EVV

Recipient Provider Authorization

Agency Creates Schedules in EVV

Schedules

Caregiver checks in on arrival checks out after service delivered

EVV validates check-in/check-out sets exceptions or approves visit

Visit Exceptions

Agency works visit exceptions in EVV

Approved Visits

EVV System generates 837 claims from Approved Visit, Sends to MMIS

837 Claims Data

MMIS Processes Claims

Agency submits claims from their systems to the MMIS

EVV System Sends Approved Visit Data to MMIS

Approved Visit Data

MMIS validates agency submitted claims against EVV visit data

837 Claims Data

DSS Jurisdictional View

EVV Implementation

Proposed Timeline

APD Approval — EVV Go-Live
Feb 2016 — July 2016
Design & Development
Outreach and Training

Actual Timeline

GO LIVE Waiver Services
CT Home Care, ABI and PCA
Jan 1, 2017

GO LIVE Home Health Services
CT Home Care, ABI and PCA
April 3, 2017

Alternate Claim Solution
April 2018

APD Approval
April 2016 — Oct 2016 — April 2017 — Oct 2017 — April 2018 — Oct 2018

Design & Development thru 8/2016

Dec '16 APDU
May '17 APDU
Nov '17 APDU

CT Pilot Program

Outreach and Training

Expanding EVV for 2018 Consumer Direct Services

Communication & Outreach

- Discussions/Workgroup Meetings
  - Initial EVV Forum – 14 months prior to launch
  - EVV workgroup meetings – pre and post-launch
  - Provider association meetings – ongoing
- Distributed Communication
  - Informational Provider Bulletins
  - Client notification
  - Provider Introductory Letter and Survey
  - Welcome Kits
  - Santrax application messages
  - Banner Page Messages
  - Portal Important Messages

Training/Resources

A comprehensive training strategy is critical to ensure all stakeholders are knowledgeable about the new EVV program. Training was mandated in order to receive EVV system.

- Hands on training – 23 workshops

- Instructor led webinars – 29 online sessions

- Recorded training sessions – each online session topic was recorded

- Job Aids – step by step instructions for specific tasks

- Learning Management System – stores all training components for use by providers on demand

- At Your Fingertips – tip sheet to answer common questions

- Dedicated EVV Webpage

- FAQ

- Interface Specifications

Challenges and Pushback

- CT implemented prior to the 21st Century Cures Mandate

- Providers did not want DSS to have an oversight system

- Providers with technology investments and established processes did not want to switch to a state mandated solution

- Providers reached out to state legislators, placing political pressure on DSS

- Pushback from legal community – GPS location of service, violation of right to privacy

Acting on Provider Feedback

After absorbing provider feedback, DSS made the following program/system changes for providers:

- Revised implementation schedule to allow Agencies additional time to build interfaces and develop operational procedures

- DSS provided scheduling interface support between provider's existing systems and EVV system

- Monitored, analyzed and configured scheduling exceptions to reduce the number and type of exceptions

- Implemented productivity enhancements

  o Service new client, consecutive services same care giver, multiple address locations for MVV

  o Alternate Claims Submission Solution allowing providers to continue to use their existing claim submission systems – MMIS matched these claims to EVV check in/out data to ensure program integrity

Lessons Learned

- Engage providers early
  - Small Agency's with limited/no automation embraced EVV
  - Larger Agency's with systems challenged EVV

- Solicit provider feedback

- Be prepared for design changes based on provider engagement

- Keep CMS informed, expect APD cost adjustments, build CMS approval times into the schedule

- Educate political stakeholders early and often

- Define and communicate non-compliance early in the project

- DSS Compliance Plan
  - Jurisdictional View showing high percentage of manual overrides of visits for some Agencies
  - Establish and communicate compliance standards
    - DSS has issued letters for providers < 50% compliant

Expanding EVV in 2018

- New Programs:
    - Consumer Direct Services
    - Autism Waiver
    - Expanding EVV to other State Agencies that operate Wavier Program

- Approach, Challenges, Solutions
    - Eliminate paper timesheets
    - Member Portal to review/modify/approve time
    - Caregiver Portal to review time
    - Fiscal Agent portal to approve time and process payments
    - Planning testing and soft launch period
    - Gradual movement to mandated use and enforcement
    - Training and ongoing support challenges of CDS Programs vs. Agency programs.

The Ohio Model
Electronic Visit Verification (EVV)
Presentation for HCBS Conference

Kristy Wathen – Program Integrity

August 2018

Ohio | Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

Agenda

➢ Planning

➢ EVV for Phase 1

➢ How EVV Works

➢ Aggregator

➢ Lessons Learned and Points to Ponder

➢ Claims, Reporting and Fraud

➢ Looking Ahead

➢ Contacts and Questions

Contract Procurement and CMS Planning

- Contract Procurement

  » Ensure you have enough resources

  » Decide beforehand on subcontracting

  » Do you have delay penalties

  » Do you have CMS covered in your contract

AVOIDING "LANDMINES"

Contract Procurement and CMS Planning

- CMS Planning

  » Are you looking for enhanced funding

  » Do you have enough state resources for certification

  » Have you completed R1

  » Operations Manual

Develop Your Team

- Ohio's Internal Team
  - » Program Management Team
  - » Project Management
  - » Legal Team
  - » External Business Relations
  - » Policy Department
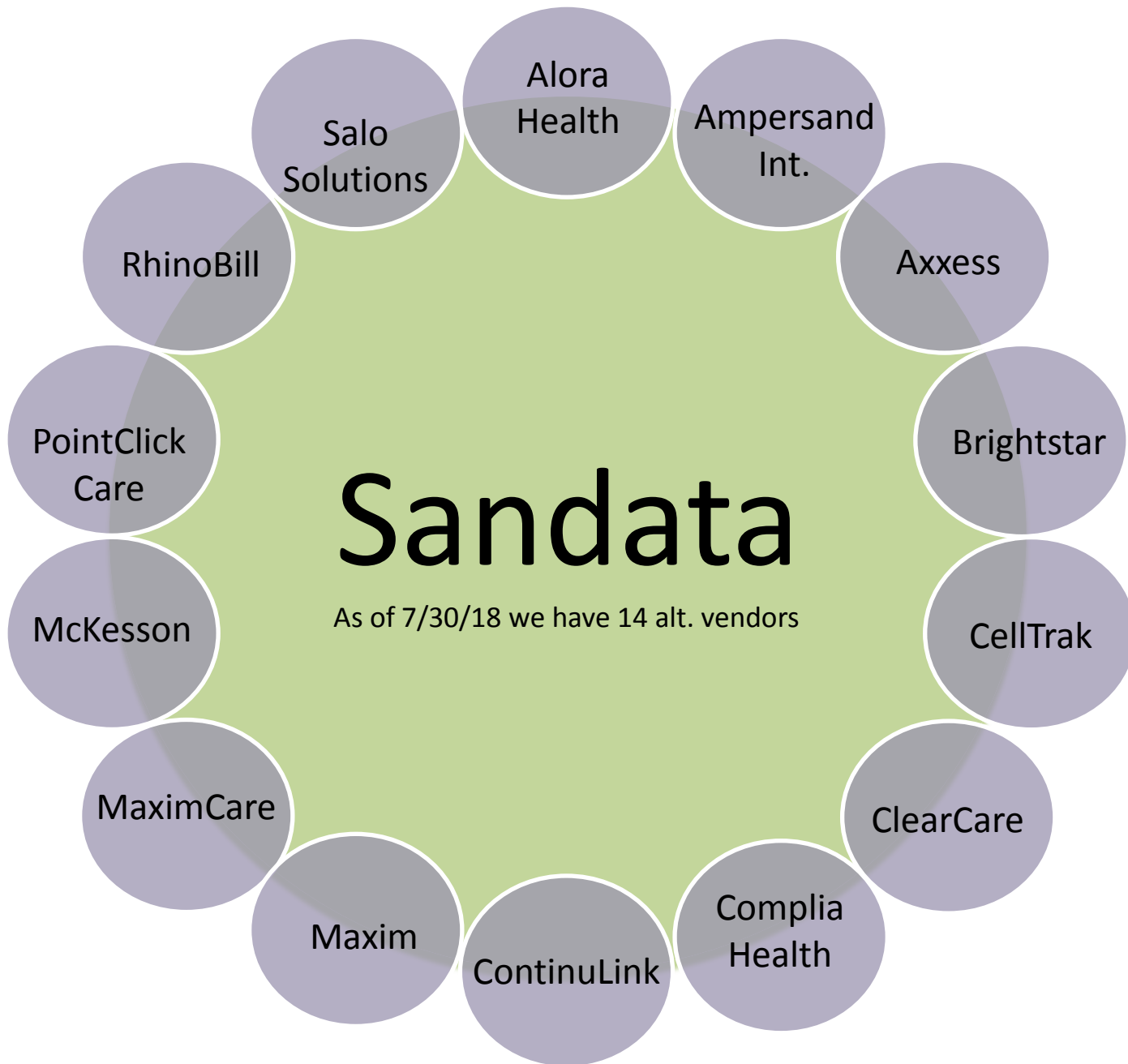 - » Provider Network Compliance
  - » Communications

EVV for Phase 1

Phase 1

State Plan Fee for Service **+** Ohio Home Care Waiver **=** Services Included in Phase 1

Open Model

- ODM Started with open model

  » Many agencies had a reporting system in place

- Challenges encountered

  » Move from Sandata ➡ Alt. System ➡ Sandata

  » Alt. System ➡ Sandata

  » Sandata ➡ Alt. System

Two system choices for Agencies

ODM System
- Operated by Sandata
- Free of charge

Alternate System
- Implement and create own
- Must meet ODM specifications
- Alt. vendor fee is provider responsibility
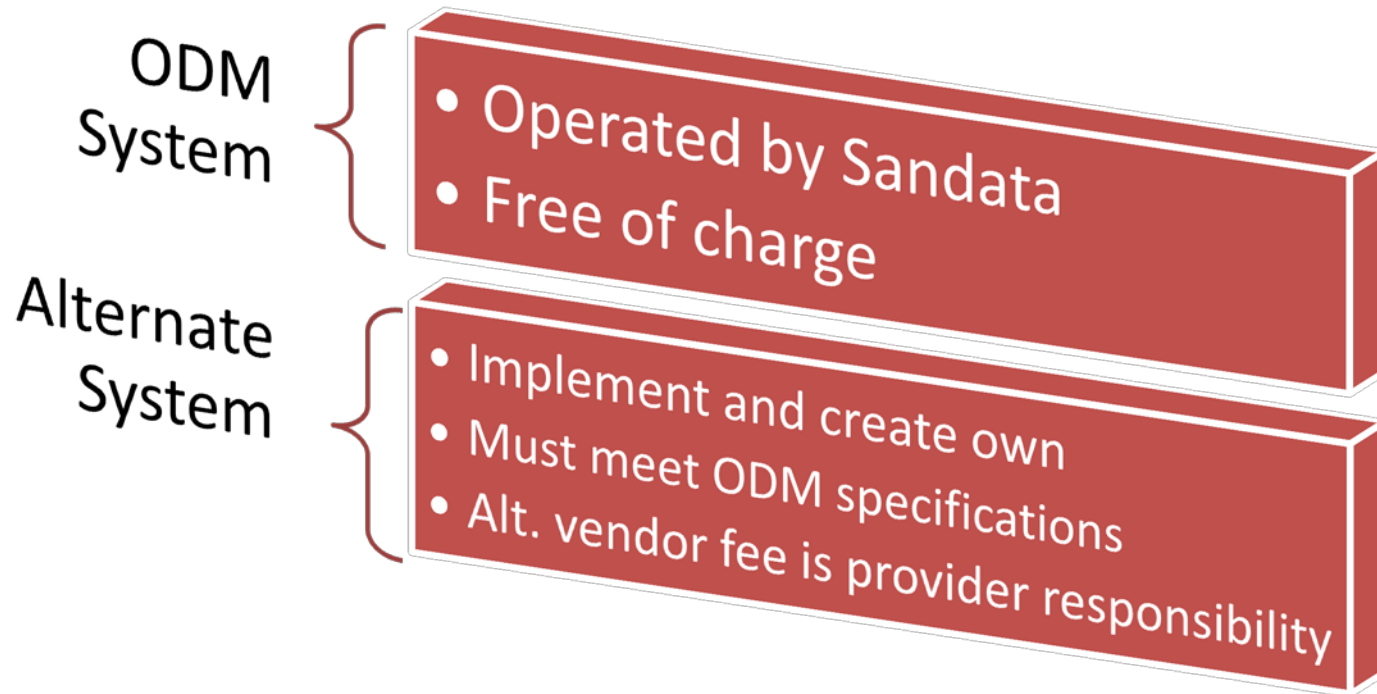
Training

- ODM offered 3 types of training
  - » Classroom
  - » Webinar
  - » Self-paced
- Two separate groups
  - » Agency Providers
  - » Non Agency Providers
- Alt. vendor provider training

Training Cont.

- Locations

Toledo

Cleveland

Akron

Columbus

Dayton

Cincinnati

Marietta

Outreach

- Who?

  » Agency Providers

  » Non-Agency Providers

  » Case Managers

  » Individuals

  » Stakeholders

- How?

  » Emails

  » Letters

  » Videos

  » Surveys

  » Webinars

  » Phone Calls

How EVV Works

How information is collected

- In Ohio's EVV System, every visit will be captured by either using a Mobile Visit Verification Device (MVV), Sandata Mobile Connect, Telephonic Visit Verification (TVV), or manual entry. MVV is the primary method, TVV secondary, and manual third

  » There are some reasons a device may not be in the home

How information is collected

- Every Alternate EVV System must feed data into the Sandata Aggregator at least once daily

  » Alternate EVV Systems must also have a manual entry option
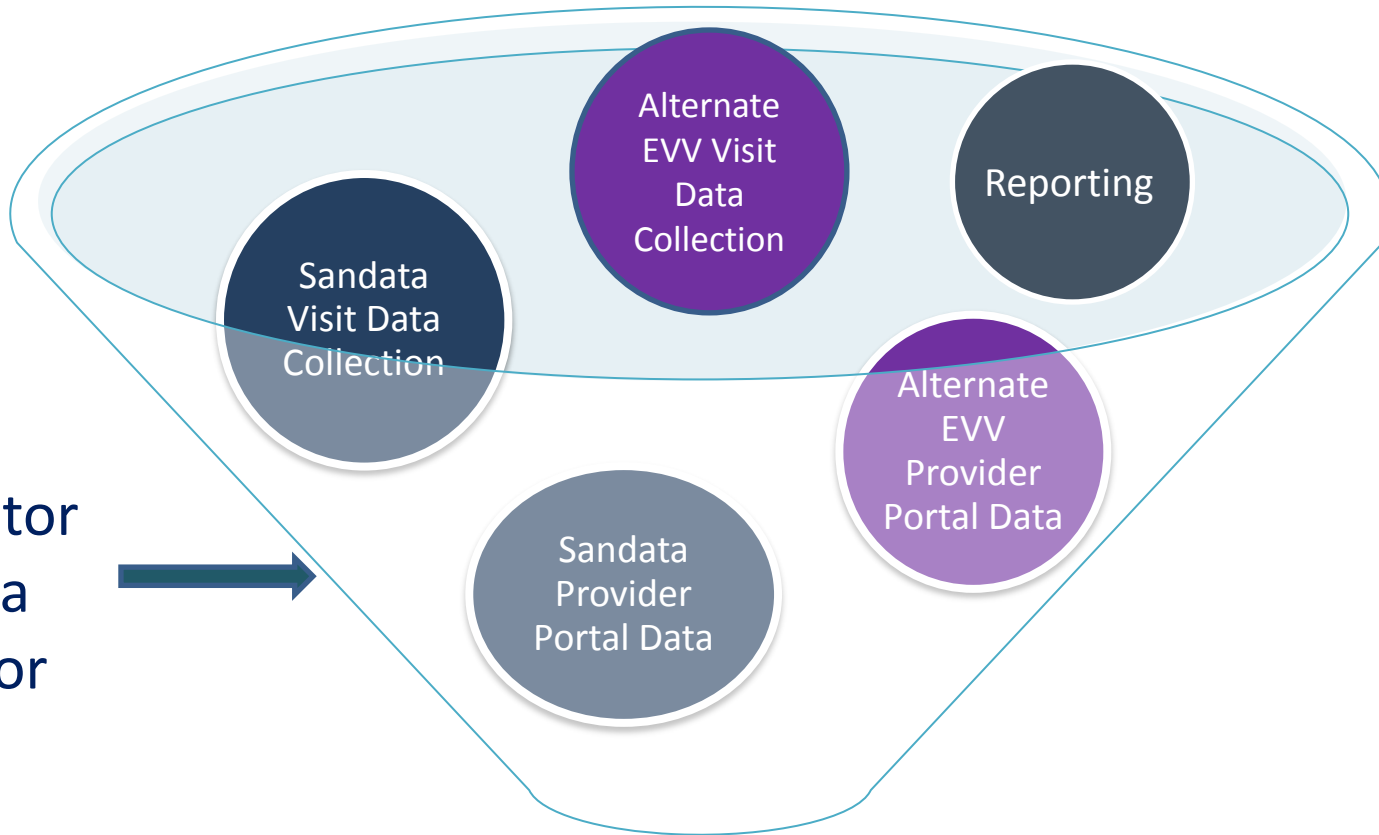
EVV Mobile Device
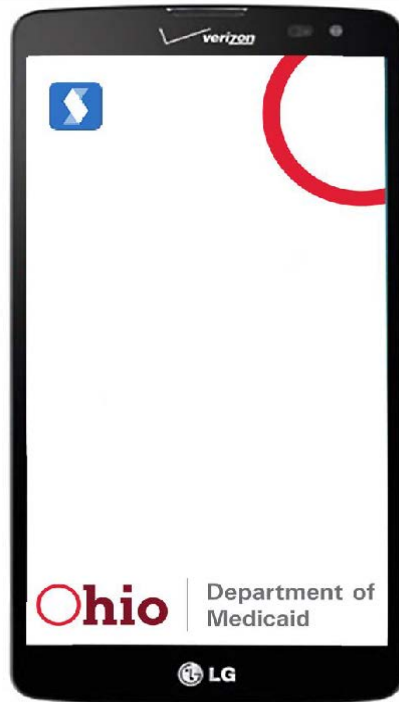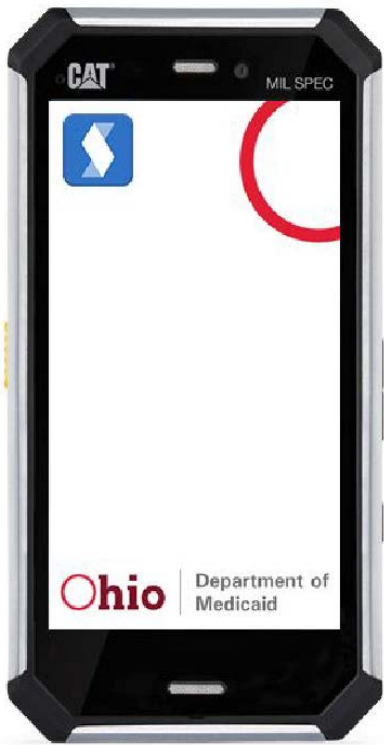
- EVV devices have been purchased and are in the process of configuration for use with the Sandata system

Device Specs:
  - ➢ Caterpillar and LG Devices
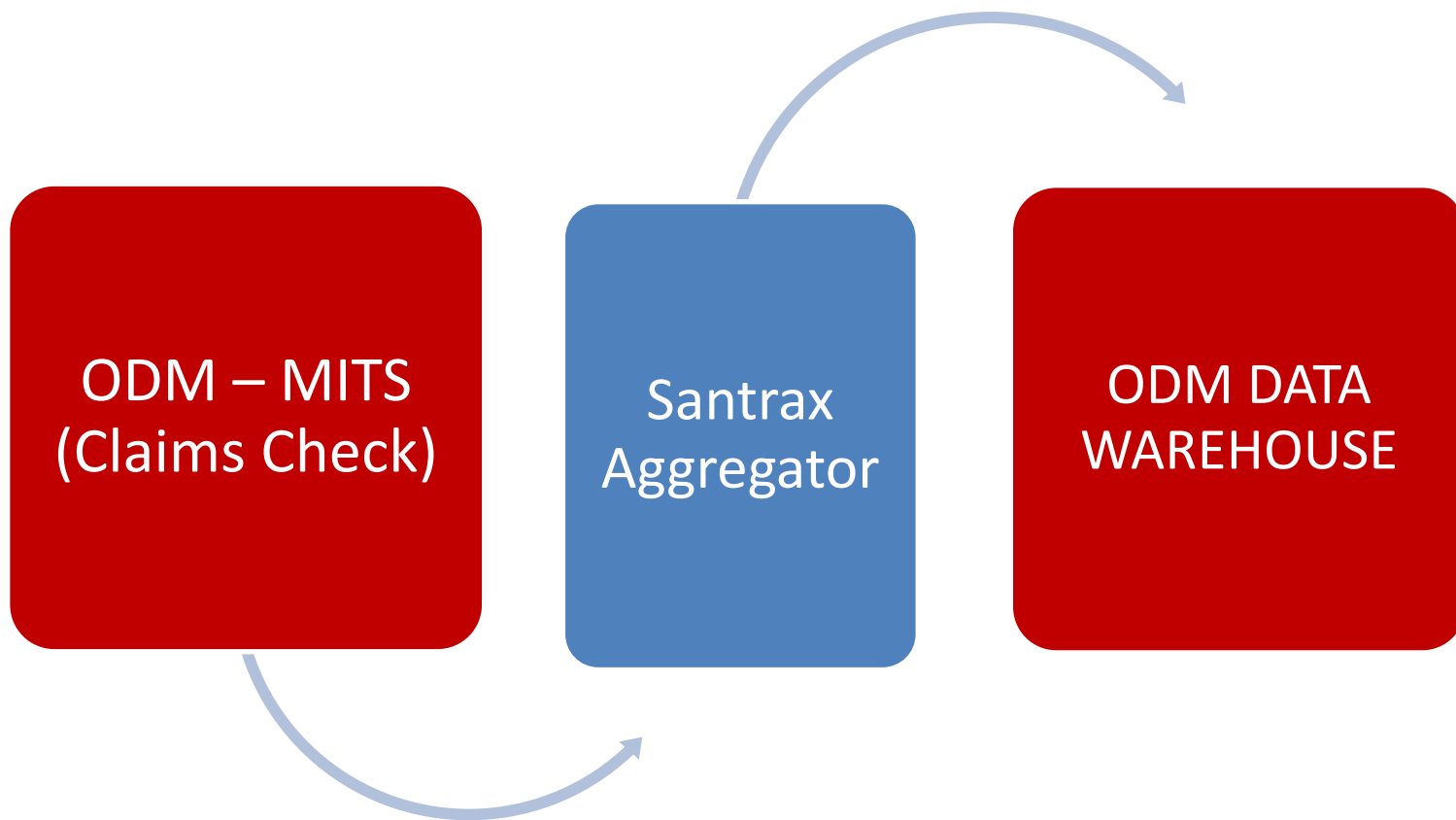 - ➢ Android Operating System
  - ➢ Large Screens

Aggregator

Function of Aggregator

- Verifies visit data meets ODM expectations

  » Data properly formatted

  » Visit information is complete

- Visits with exceptions

  » Exceptions must be cleared before payment made

  » Example of exceptions:

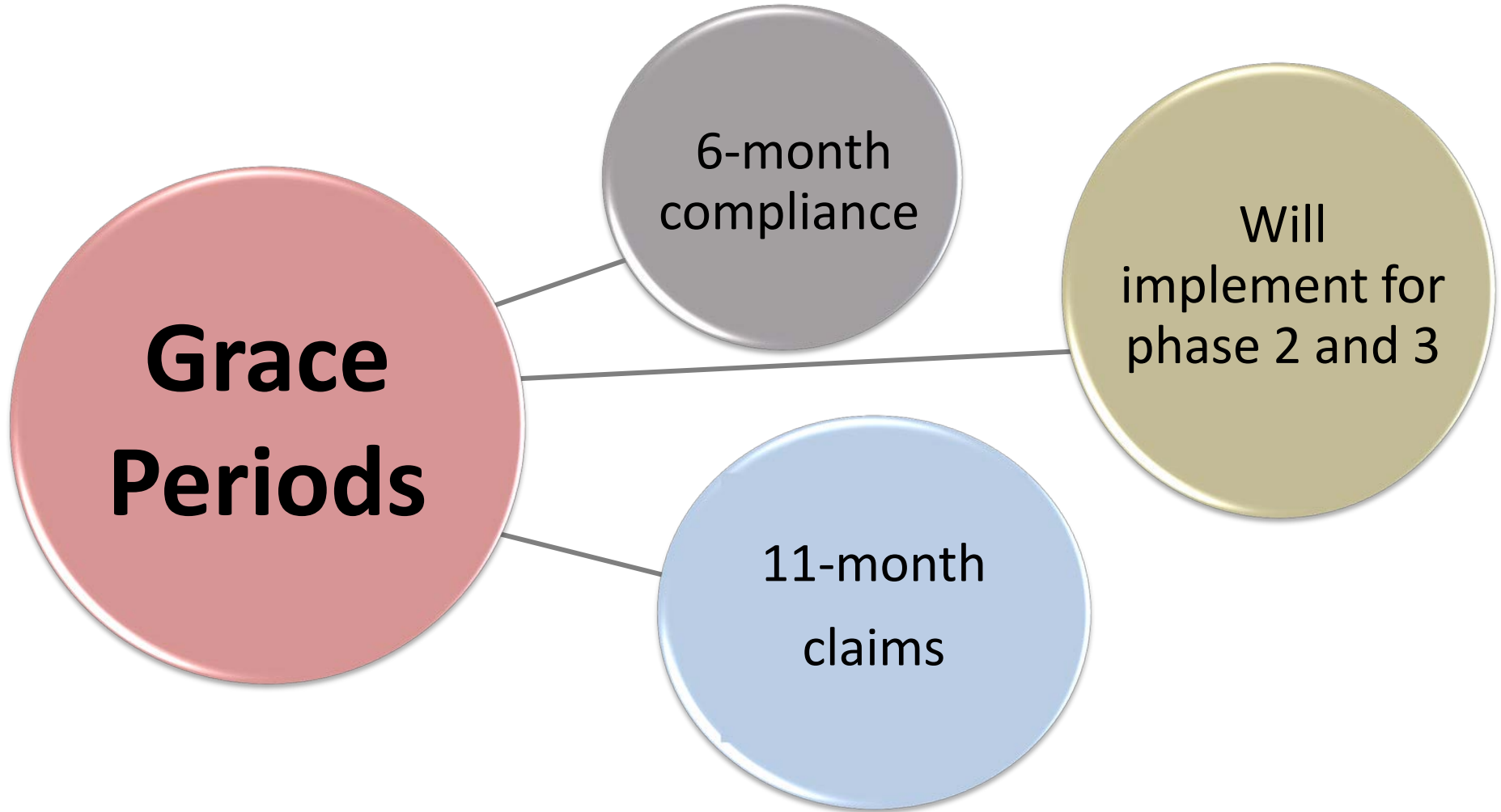   - forgot to end visit

    - individual did not verify visit

Lessons Learned and Points to Ponder

Policy

- Scenarios for system and rule development

  » Developed system based upon case scenarios

  » Policy SME's were not involved in the development

    - We missed a critical piece
    - Sharing of visits
    - Modification had to be made

Policy

Let's talk Language

- Initial languages supported
  - » Arabic, Chinese Mandarin, Russian, Spanish and Somali

- Feedback received from the provider community
  - » Phase 2 expansion
    - Arabic, Hindi, French (European), Fulani, Chinese Mandarin, Nepali, Somali, Serbian, Spanish (Universal), Swahili, Vietnamese, and Russian

Security

Considerations for security roles in system

Payers

Regional offices

Partner agencies

Managed care provider

Staff vs. employee

Customer care at implementation

Points to Ponder

- Change in direction

  » Take your providers business models into consideration

  » Were only going to offer the device

    - Realized some agencies and Independent Providers preferred to use own device

    - Worked with Sandata to offer a mobile application

    - If using alt vendor and that vendor also offers an app the agency can use it

Vendor development

Food for thought

- Training of providers
  - » Training held 2 months before implementation
  - » Loss of knowledge learned
  - » Need to start using system once trained

- Course correction
  - » When providers have a gap between when took training and started using system they forget it

External Communication

- More contact with individuals
- More contact with case manager

External Communication

- Realized we should have communicated sooner with individuals and case managers

  » Realized too late they want to be included in design and implementation

  - Use external resources (social media)

  - Be creative

    ➢ OLMSTEAD
    ➢ OCHCH
    ➢ IVR
    ➢ Plan and track what you do

Internal Communication

- Presentations to staff

- Training to call center representatives

- Work with your internal public relations and communication team

- Report Training

- Web master

INTERNAL
COMMUNICATION

Claims, Reporting and Fraud

Claims Submission Process

- Providers will continue to submit claims as they always have
  - » MITS will validate the claims against EVV data
    - MITS looks for a particular provider, on a particular date, for a particular service
- Providers have ability to adjust EVV data if changes are needed
  - » Provider can submit any claim they want, but MITS will not be able to process it unless it matches what is in the aggregator

Claims

- First six months of EVV initiative
  - » Processed nearly 2.5 million claims that were or will soon be subject to EVV
  - » Total value of claims was about $420 million
  - » Once fully implemented
    - Expect claims subjected to EVV to reach 5 million
    - Expect payment value to approach $1 billion

CLAIMS

EVV Reporting Benefits

- Available to oversight agencies
- Real time data
  - » Identify employee whereabouts
  - » Identify duplicate visits
  - » See if visit is in progress
- Sandata technologies allows for visit verification
  - » Can hear voice verification
  - » Can see signature

Current Available Reports

Daily Reports
- Active Clients
- Active Employees
- Call Listing
- Call Summary
- GPS Distance Exception
- Provider Listing
- Visit Verification

Date Range Reports
- Client Visit Summary
- Detail Visit Status
- Summary Visit Status
- Visit Log
- Visit Verification Activity Summary
- Visit Verification Exception
- Visit Claims Verification Status
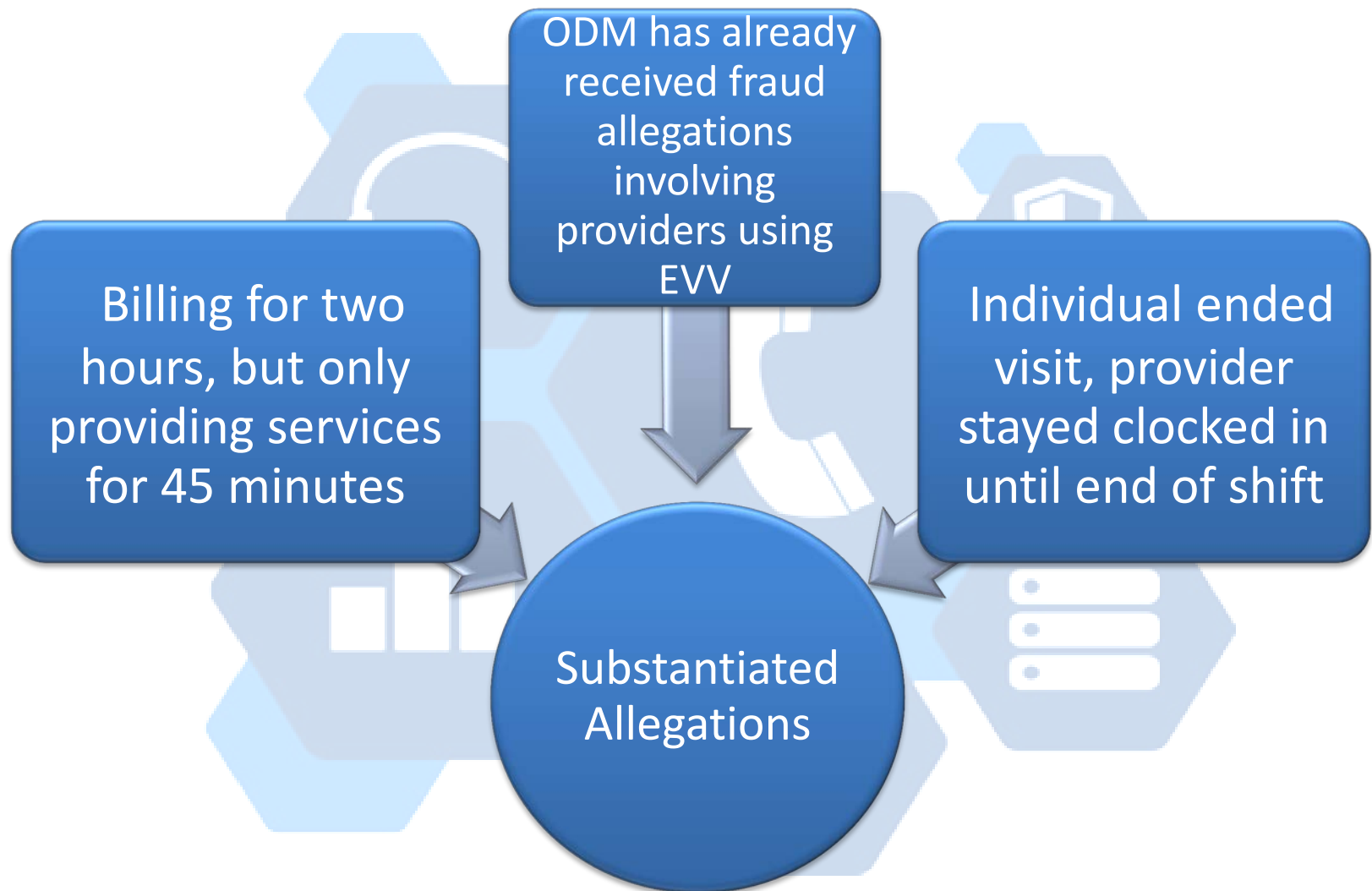
Looking Ahead

What we are exploring

- Here's DOMO!
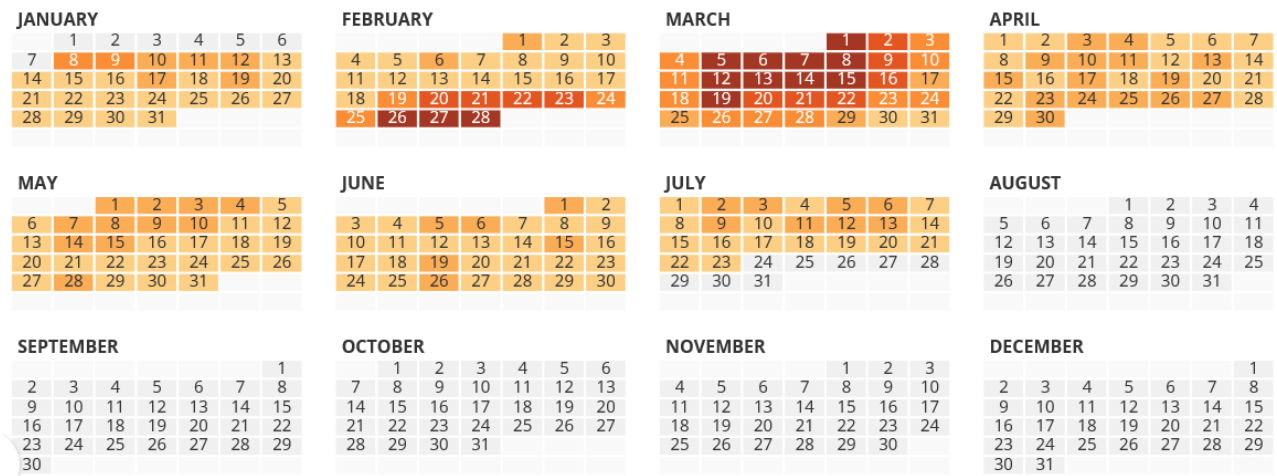
Domo – where service occurred
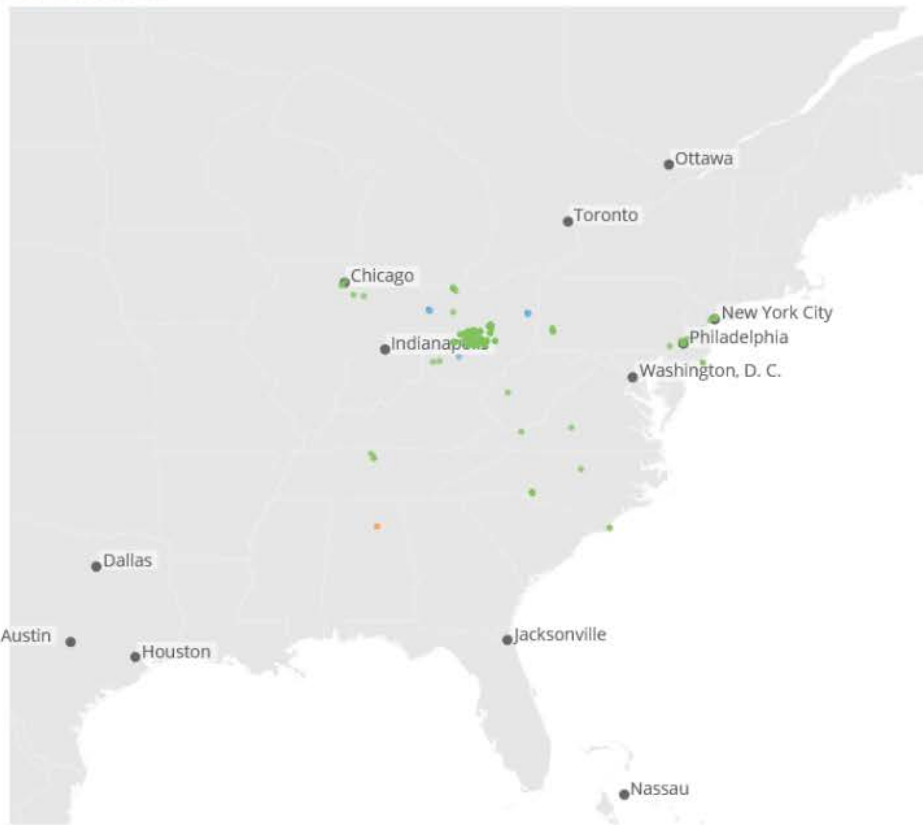
What Can Domo do?

- Domo takes all the information in the Sandata Aggregator and analyzes it

  - » Cards we currently have:
    - Provider in two locations at same time
    - Provider using device outside of Ohio
    - Provider who worked over XX hours in day or week

  - » Cards we are working on
    - Conflict reporting – provider logging into more than 1 device
    - Visit with no exceptions but provider changes time or service

Phase 2

- What services will be included in Phase 2

  » Passport (Ohio Department of Aging)

  » Department of Developmental Disabilities (DODD)

  » Managed Care Organizations

  » All Services from Phase 1

Phase 3

- What services do we anticipate for Phase 3
  - » Self Directed Care
    - ❑ Across all payers
  - » Any remaining Cures Act Requirements
  - » System enhancements

Timeline

Phase 1

Providers Begin Using
and
Go Live
1/8/2018

Provider Training
11/2017 – 01/2018

EVV Compliance
Mandatory
7/8/2018

Edits Implemented
(Pay and Post)
8/15/2018

Edit Disposition
Set To Deny
11/14/2018

Phase 1 will apply to selected services billed directly to Medicaid (known as fee-for-service):
State Plan Home Health Aide
State Plan Home Health Nursing – RN
State Plan Home Health Nursing - LPN
State Plan Private Duty Nursing (PDN)
Ohio Home Care Waiver Nursing – RN
Ohio Home Care Waiver Nursing – LPN
Ohio Home Care Waiver Personal Care Aide
Ohio Home Care Waiver Home Care Attendant
State Plan RN assessment

Phase 2

Phase 2 will include the Managed Care Organizations, Department of Development Disabilities, the Ohio Department of Aging and Group Visits from Phase 1.

Go Live
EVV Compliance Mandatory
Edits Implemented (Pay and Post)
5/6/2019

Provider Training
and Begin Using
(as training completed)
02/2019 – 09/2019

Edit Disposition
Set To Deny
9/2019

Phase 3

Phase 3 will include Self-Direction, Home-Based Therapy Services and any remaining CURES Act requirements.

Go Live
EVV Compliance Mandatory
Edits Implemented
(Pay and Post)
Early/2020

Edit Disposition
Set To Deny
Fall/2020

Contacts and Questions

Contacts:

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