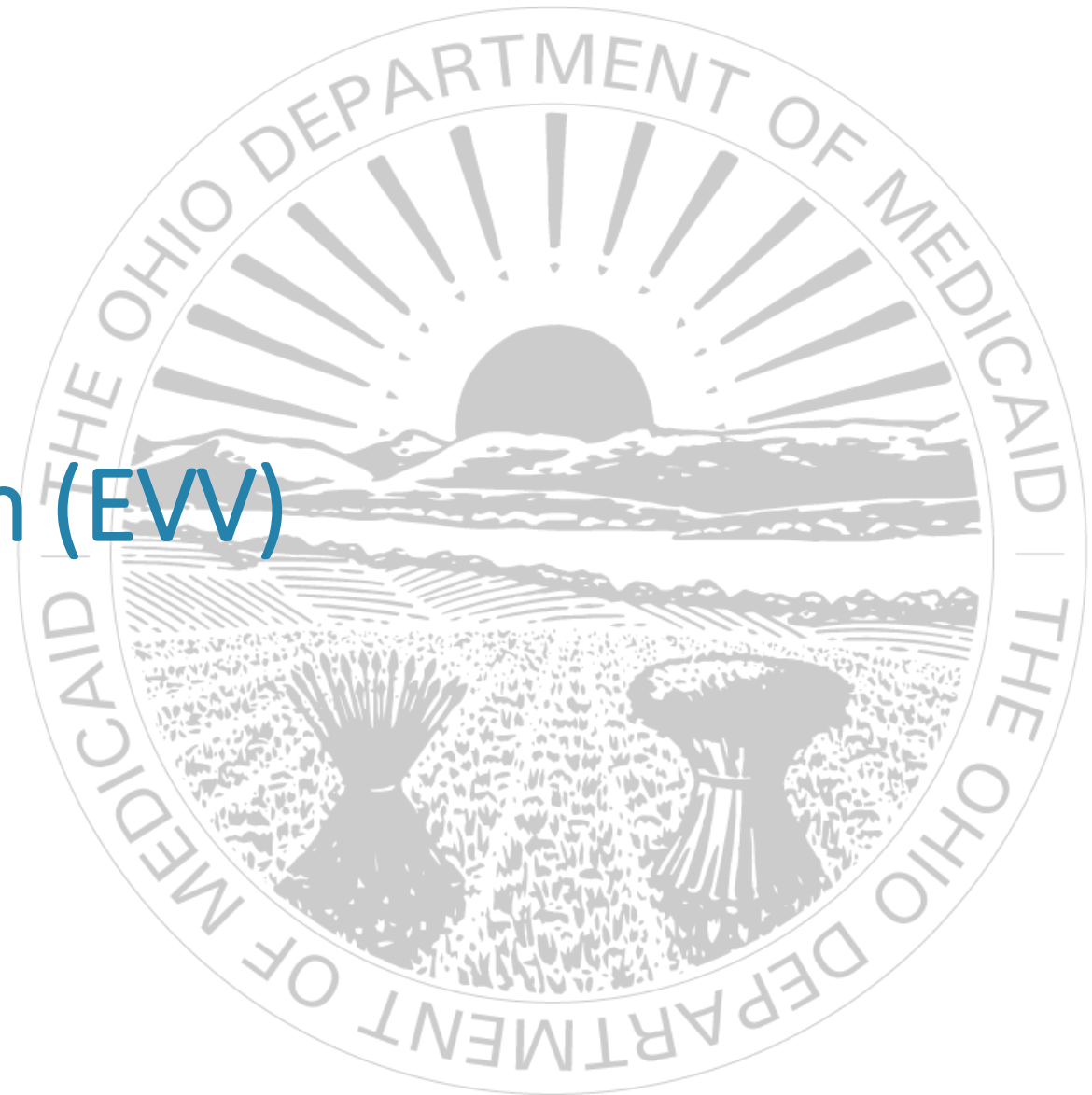Presentation for HCBS Conference:
Electronic Visit Verification (EVV)

Kristy Wathen, Program Integrity

Meghan Duvall, Deputy Legal Counsel

August 2017

Making Ohio Better

What is EVV?

- Electronic Visit Verification (EVV) is a tool for electronically capturing point-of-service information for certain home and community-based services.
  - ○ Sandata Technologies is the ODM vendor
  - ○ Near real-time processing capability
  - ○ GPS-based system with telephony-based workarounds as needed

Why do we need it?

- The Centers for Medicare and Medicaid Services (CMS) established requirement for all states to use an EVV system, in accordance with the 21st Century CURES Act.

    - Personal Care Services must use EVV by January 1, 2019

    - Home Health Care Services must use EVV by January 1, 2023

    - Failure to meet these deadlines results in reduction of Federal Financial Participation for those services

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

21st Century CURES Act Requirements

- "Electronic Visit Verification System" means, with respect to personal care services or home health care services, a system under which visits conducted as part of such services are electronically verified with respect to:
  - » The type of service performed;
  - » 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 are the benefits?

- ODM is adopting an EVV system to promote two key outcomes:

  ○ **Promote quality outcomes for individuals (Quality of Care)**
    - Greater opportunity for enhanced care coordination and data sharing
  ○ **Reduce billing errors and improve payment accuracy (Program Integrity)**
    - Electronically verifies that a caregiver is physically present for a visit

Fourth Amendment Concerns

- Recipients are already required to validate their service delivery in a manner that includes the date and location of service delivery.

- The CURES Act requires states to institute an EVV system which validates the location services are provided.

- *Wyman v. James*, 400 U.S. 309, 91 S.Ct. 381 (1971). An individual was required to be subject to home visits in order to receive public assistance. The individual refused and claimed a violation of fourth amendment rights.

  » The court said that the individual has the "right" to refuse the home visit, but a consequence is the cessation of aid that flows from that refusal.

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EVV funding

- You want an EVV System, but where do you start?
  - » Federal funding is an important process. To get the funding, you will need to learn the Medicaid Enterprise Certification Lifecycle (MECL).
  - » There are phases in MECL, so be sure to work closely with your analyst to ensure you are meeting the targets.
  - » If you do this correctly, you could receive 90/10 funding for the implementation of EVV. Operationally, the funding can be as high as 75/25 as long as your EVV remains certified.
  - » To obtain certification, an Independent Verification and Validation (IV&V) vendor will review your documentation during and after implementation.
  - » It's very important to ask for CMS certification work in your RFP.

Procurement

- In Ohio, we held stakeholder engagement during the RFP process. This included managed care, agency and non agency providers, and other state agencies.

- The stakeholder engagement has continued throughout our implementation.

- Develop user stories to help draft the RFP. This is very beneficial to knowing who needs to be involved and also helps with testing.

- Work closely with your procurement department to ensure you are getting what you need.

Request for Proposal

- Some points to ponder when drafting your RFP and reviewing responses:
  - » Research other states' RFP's.
  - » Try to have a contract manager on board through the RFP process.
  - » Be specific about what you want your system to do. Gray areas are open for interpretation.
  - » Pay attention to the responses and make sure it's clear your needs are going to be met and how that will happen.
  - » Read all assumptions.
  - » Look into your options for having a deliverable based contract.

What Services will be included?

- State Plan Home Health Aide

- State Plan Home Health Nursing

- State Plan RN Assessment

- Private Duty Nursing (PDN)

- Ohio Home Care Waiver Nursing

- Ohio Home Care Waiver Personal Care Aide

- Ohio Home Care Waiver Home Care Attendant

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When will EVV be implemented?

- ODM's anticipated initial implementation date is January 2018.

Program Design Began- 09/2016 → Provider Training- Fall 2017 → Program Launch- 01/2018

EVV Stakeholders - Collaboration

- Program Integrity
- Long-Term Services and Supports
- Project Management Office
- Contract Services
- Legal Services
- Operations
- Communications
- Information & Technology Services
- Sister State Agencies, such as Medicaid Fraud Control

- Trading Partners (Clearing House)
- Individuals (Medicaid Consumers)
- Provider Community

Getting the Message Out

- Sharing the message early to enable a smooth Go Live.
- Individuals (Recipients)
  - » Stakeholder Meetings
  - » Written Correspondence
  - » Consumer groups
  - » Introductory video
- Providers
  - » Stakeholder meetings
  - » Correspondence
  - » Access to specifications prior to launch
  - » Interactive Voice Response (IVR)

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How Does EVV Work?

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Barbara R. Sears, Director

Two System Choices – Same Functionality

- Providers have two system choices for agencies:
  - » Use ODM's system, currently operated by Sandata, free of charge
  - » Implement and create their own "Alternate EVV System" that meets ODM's specifications

Alternate EVV Systems (Agency implements their own system, which meets ODM specifications)

- Alternate EVV Systems must be approved by ODM as an acceptable system. To be acceptable the system must:
  - » Meet ODM system specs
  - » Perform much like ODM's model (Sandata)
  - » Provide the same data elements as the ODM system
  - » Be able to share the data elements seamlessly with ODM via the Aggregator
    - – Consistency across EVV data set to promote efficiency and effectiveness

- Providers submit their specifications to ODM, through Sandata, to have their Alternate EVV Systems approved.
  - » Sandata tests to ODM and vendor specifications
  - » Providers can appeal Sandata's decision to ODM

- Provider stakeholder meetings help identify and resolve potential issues prior to go live.

How will visit information be collected?

Visit information is collected through the use of a GPS enabled Mobile Device, used to sign in and sign out.

Every EVV System must have two backup methods for collecting data.

<u>ODM (Sandata)</u>

(1) Telephony system - used in the event of device failure, lack of cellular coverage, or possibly lack of geo-mapping
(2) Manual entry – made in EVV Portal in situations deemed appropriate by ODM

<u>Alternate EVV Systems</u>

(1) Manual Entry – made in EVV Portal in situations deemed appropriate by ODM
(2) A secondary backup method of their choosing, approved through the application process
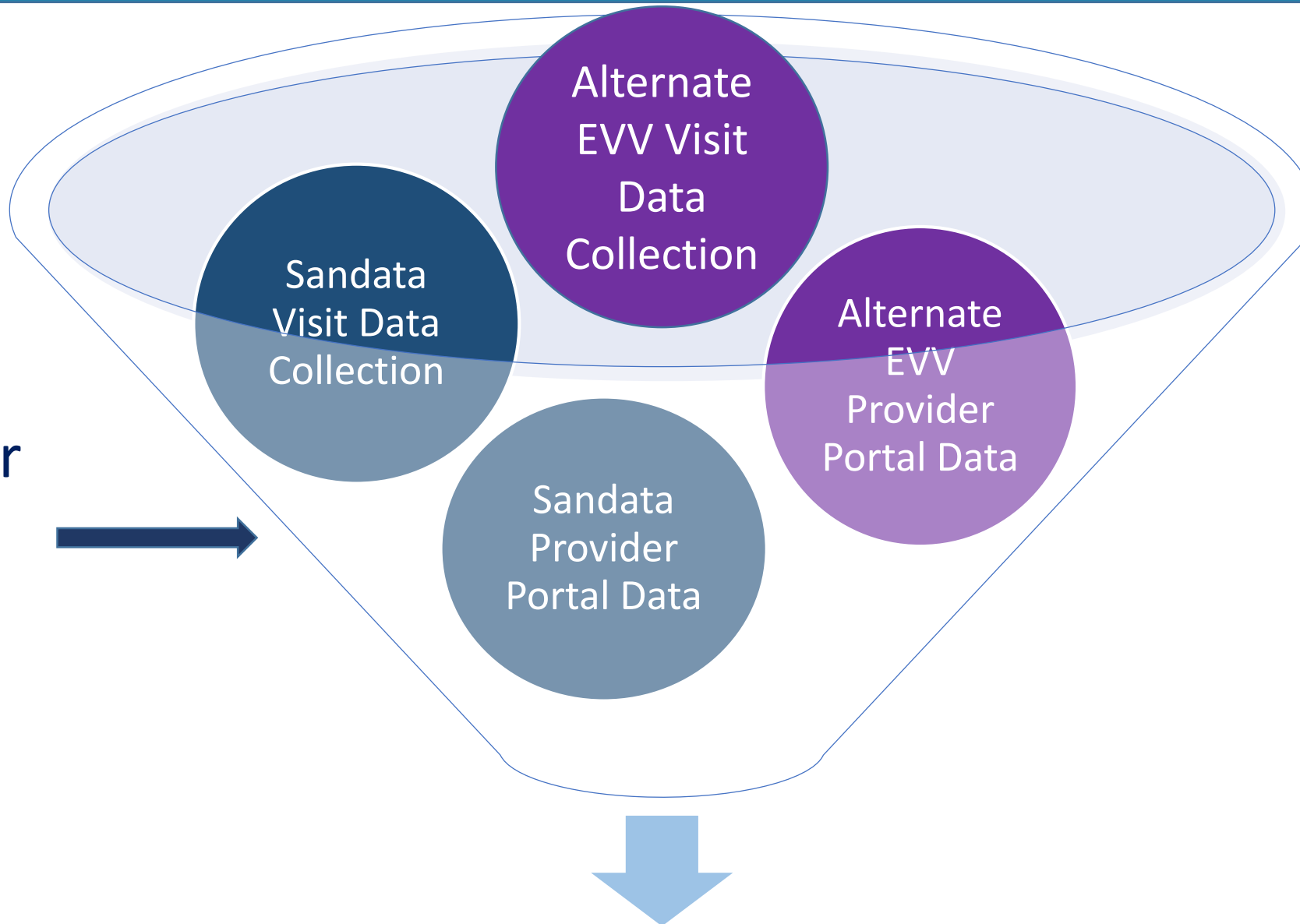
EVV mobile device
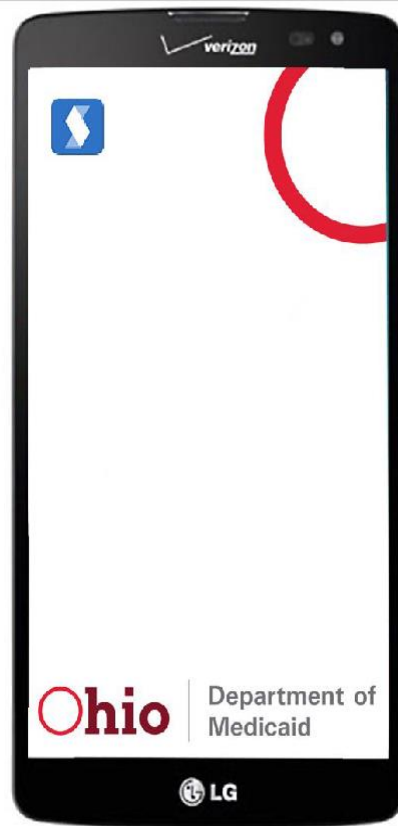
EVV devices have been purchased and are in the process of configuration for use with the Sandata system.

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

Santrax Aggregator (acts as a funnel for data)

Alternate EVV Visit Data Collection

Sandata Visit Data Collection

Alternate EVV Provider Portal Data

Sandata Provider Portal Data

ODM USABLE DATA

Functions of the aggregator

- Verifies visit data meets ODM expectations.
    - » Data is properly formatted.
    - » Visit information is complete.

- If a visit does not meet expectations, an exception will be noted.
    - » Exceptions must be clear before a payment will be made.
    - » Examples of an exception could be the provider forgot to end the visit, the individual did not verify the visit, or the GPS location information is not correct.

Claims submission process

- Providers will continue to submit claims as they do today. (a couple of additional data fields)
  - » MITS will validate the claims against the EVV data.
    - MITS looks for a particular provider, on a particular date, at a particular time, for a particular service.

  - » Providers have the ability to adjust EVV data in the event there are changes needed (i.e., aggregator throws an exception).
    - – Providers can submit any claim they want, but MITS will not be able to process it unless it matches up to data in the Aggregator.

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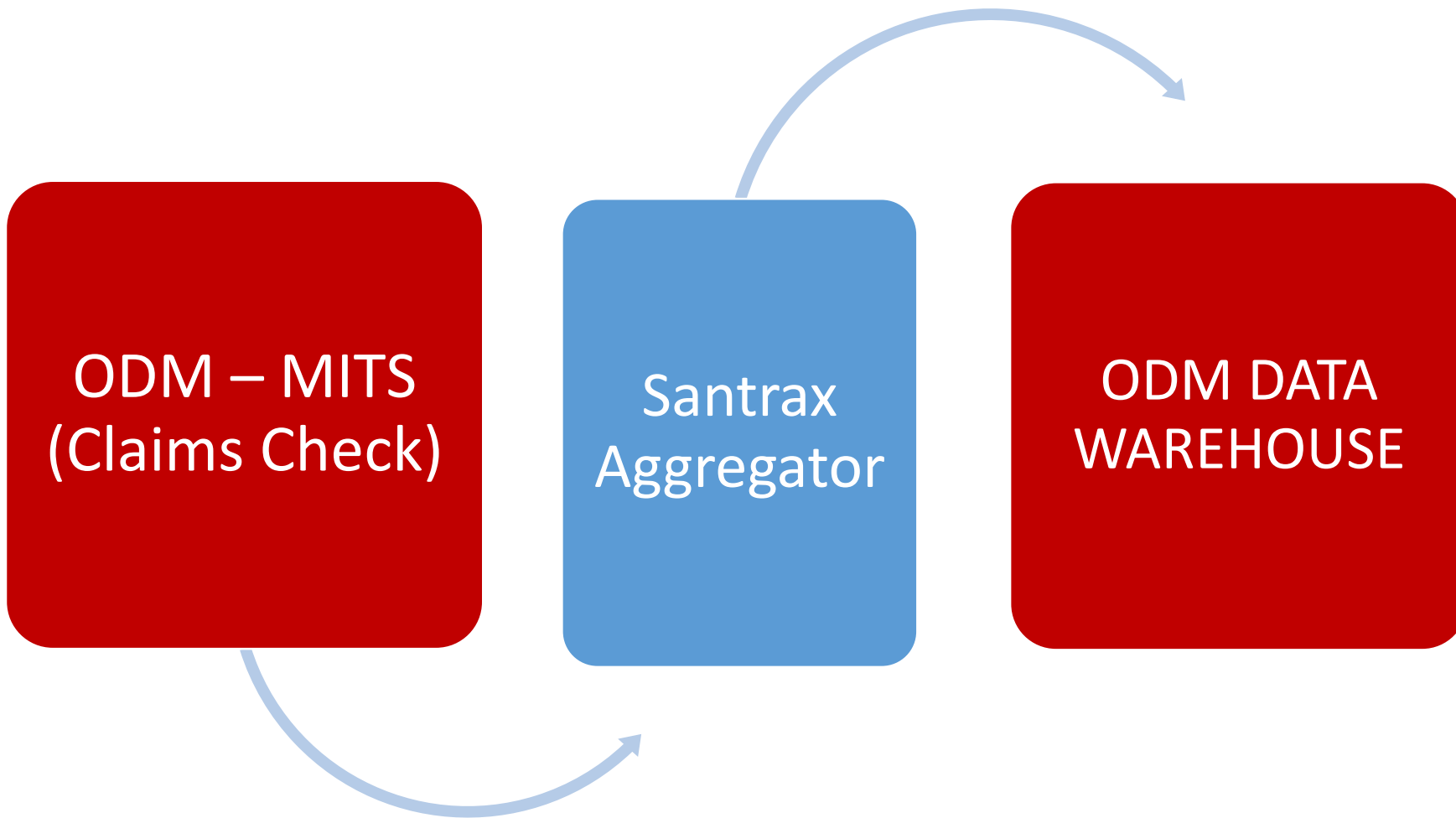
Looking Ahead

- Managed Care
  - » MCPs have been part of the EVV build from the beginning.
  - » Goal is to bring EVV to the MCPs in Phase Two.

- Case Management
  - » EVV can integrate with case management systems
  - » Increases real-time data on visits for care coordination
  - » Missed visits can be flagged and immediately addressed
  - » Increases available data for service coordination and continuity of care

EVV Benefits

- Improved health outcomes
  - ➢ Improved information on care delivery or lack of delivery
  - ➢ Improved information for care coordination
  - ➢ Improved information on provider direct service time

- Reduces potential fraud, waste, and abuse (FWA)
  - ➢ Improves claims payment by pairing claims & service data
  - ➢ GPS-based application less prone to fraud than telephone-only systems
  - ➢ Time stamping provides for better data mining to spot FWA schemes

More information to come

- ODM has a webpage for EVV, which can be found at http://medicaid.ohio.gov/INITIATIVES/ElectronicVisitVerification.aspx.

- OMD continues outreach efforts to our provider community to deliver EVV updates.

- ODM has also included an email address on this webpage for any EVV related questions. EVV@Medicaid.ohio.gov.

- The webpage will be updated as more information is available, so we encourage you to visit it often.

Questions?

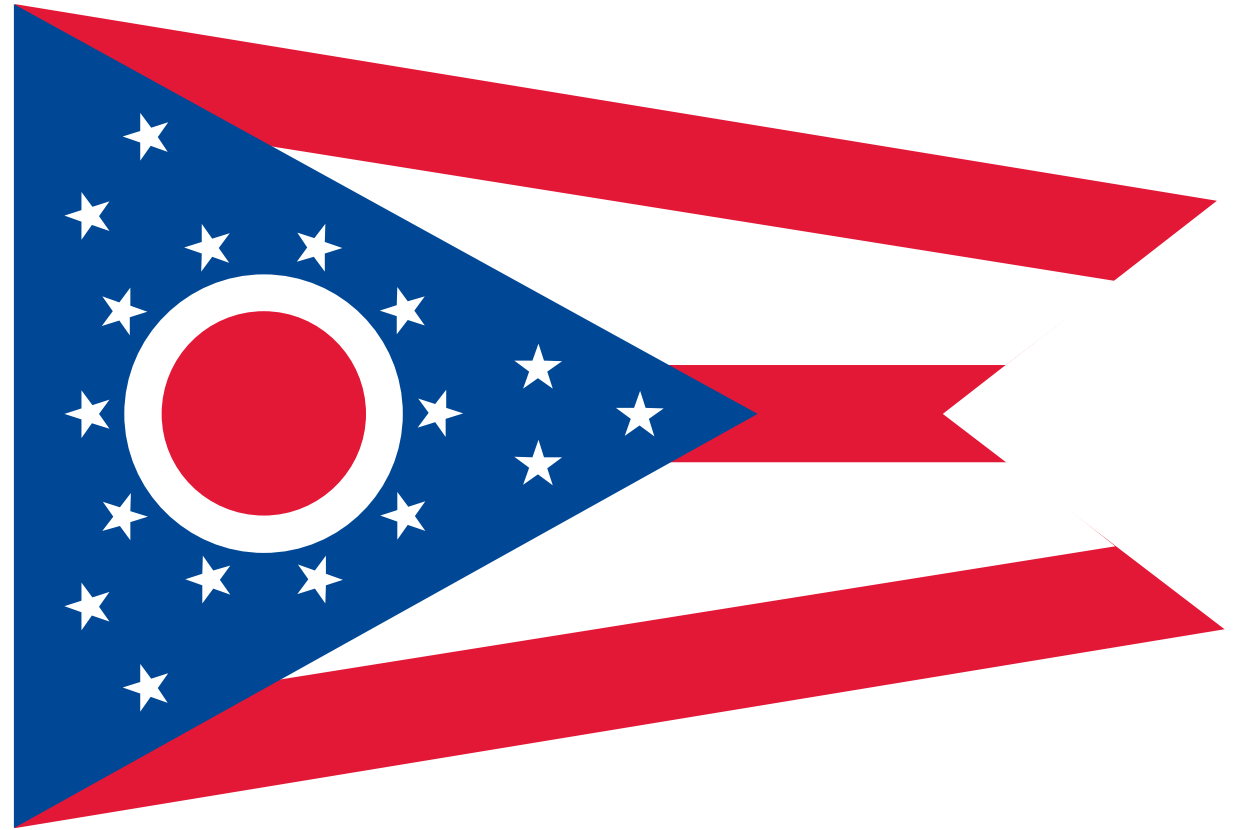Contact info:

Kristy Wathen

614-728-8034

Kristy.Wathen@Medicaid.ohio.gov

Meghan Duvall

614-752-3834

Meghan.Duvall@Medicaid.ohio.gov

MAKING OHIO BETTER

ELECTRONIC VISIT VERIFICATION IMPLEMENTATION IN CONNECTICUT

Department of Social Services

Kathy Bruni, Director Community Options

Dawne Jimenez, Medical Operations

August 2017

- Operate 11 Medicaid Waiver Programs
- Fee for Service State, not managed care
- Independent care management entities complete assessments, develop service plans and authorize services through a web portal operated by the state's MMIS contractor
- Providers bill all waiver services through the portal
- Skilled services provided to waiver participants must be approved by the care manager and authorized in the portal
- Also operate a 1915k Community First Choice state plan option
- Personal care assistants are unionized in CT

- **Overview**

- **What is EVV?**

- **Why Implement EVV?**

- **Benefits of EVV**

- **Connecticut Specific Modifications**

- **Why Choose DXC/Sandata As Our Partner?**

- **Lessons Learned**

Connecticut Department of Social Services
Making a Difference

DSS is implementing Electronic Visit Verification (EVV) for sound, well-documented policy reasons.

- EVV furthers the interests of individuals who are receiving services at home.

- EVV reduces burdens associated with manual time sheets and automates documentation of services received.

- EVV furthers the interests of caregivers. For the first time, EVV enables caregivers to have real-time communication with care managers about important changes in the health or other status of the individual receiving services.

- EVV furthers the interests of the administration, the legislature, and the taxpaying public.

- EVV ensures accountability by documenting that the services for which DSS receives claims were actually provided.

- Many other Medicaid programs have already implemented EVV.

- Congress established a 2019 requirement for all states to use and EVV system in the 21st Century Cares Act

Connecticut Department of Social Services
Making a Difference

DSS has the administrative authority to implement EVV, and has done so in a way that:

- leveraged existing contractual relationships

- maximized use of existing expertise

- ensured standardization and consistency statewide

DSS is responsible under federal law to ensure accountability in the use of Medicaid funds – what is claimed for payment *must* correspond with the services that are received by Medicaid members.	DSS leveraged its existing contract with DXC, vendor for the Medicaid Management Information System (MMIS) to use Sandata, a nationally recognized, proven EVV vendor.	DSS chose a statewide solution to ensure standardization and to prevent costs and difficulty involved in patching together existing systems, to the extent they exist.

Since the inception of the project, DSS has engaged with providers, has responded to questions, has mitigated concerns, and successfully piloted EVV.

DSS has engaged with Providers
- Detailed Q&A documents that have been updated on a rolling basis on the CMAP website and a new dedicated web page.
- Multiple training sessions and standard curriculum.
- Individualized response to questions and concerns.

DSS has mitigated Provider concerns
- Timing of roll-out of EVV system
- Financial support for scheduling interfaces
- Use of truncated SS# for caregiver identification
- Classroom training in multiple locations throughout the state

DSS Successfully Implemented EVV beginning January 1, 2017 for waiver providers and April 3rd 2017 for Home Health Providers

CT DSS EVV Program: Launch Progress Dashboard

Sandata — 06/09/17

Total Agencies in EVV Program:	**289**	

1. Data Loads (from Payer):

The first step in EVV system use if for the agency to have authorization and recipient data loaded into their EVV system. This data comes from the payer's systems, and is loaded into the agencies' EVV instances by the Sandata systems.

Agencies with Data Loaded from HPE: *(Authorizations and Clients)*	**210**	72.7%
Agencies with Active Authorizations:	**262**	90.7%

2. Agency: Member Review & Activation:

Once authorization and recipient data is loaded into the EVV system, the agencies need to review the recipient information, adding location information, additional phone numbers, and activating the recipient as ready for scheduling EVV visits.

Agencies Activating their Clients in EVV:	**262**	90.7%
Total Recipients Loaded (Across all Agencies):	36,503	
Total Active Recipients (All Agencies):	26,385	72.3%
Not Yet Active Recipients (All agencies):	10,118	27.7%

3. Agency Staff Entry:

Both agency field staff / caregivers who provide services in the EVV program, and administrative staff who will monitor & manage the EVV activity must be set up and activated in the EVV system. Without them, the EVV system cannot function.

Agencies with Staff Loaded into EVV:	**281**	97.2%
Total Staff Loaded (Across all Agencies):	52,984	
Total Active Staff (All Agencies):	37,865	71.5%
Not Yet Active Staff (All agencies):	15,119	28.5%
Total Caregiver Staff (All agencies):	43,367	81.8%
Total Administrative Staff (All agencies):	9,617	18.2%

4. Agency Schedule Creation:

Schedules link a caregiver to a recipient and an authorized service. Creating a scheduled visit enables the EVV system to verify that a caregiver provides timely services authorized for a recipient.

Agencies with Schedules in EVV system:	**259**	89.6%
Total Schedules Loaded (Across all Agencies):	3,927,064	
Confirmed Schedules (All Agencies):	4,775	0.1%
Pending Schedules (All Agencies):	653,193	16.6%
On Hold Schedules (All Agencies):	1,944,002	49.5%
Cancelled Schedules (All Agencies):	22,058	0.6%

5. Agency Performing Visits:

The actual visits by caregiver staff to recipients of authorized services. As agencies become more proficient with the EVV system, more of the visits logged should be automatically confirmed, and not require manual visit maintenance.

Agencies Performing Visits via EVV system:	**259**	89.6%
Total Visits (Across all Agencies):	1,943,855	
Auto-Verified Visits (All Agencies):	726,413	37.4%
Manually Verified Visits (All Agencies):	1,217,418	62.6%

6. Agency Billing & Submission:

Billing the visit activity generated by having a schedule for an authorized service for an identified recipient is the final step in the EVV process. By reaching this step, agencies have successfully utilized the EVV system to manage their caregiver visits and record accurately the time spent on authorized services.

Agencies with Billing Invoices Created via the EVV system:	**252**	87.2%
Total Invoices Generated (Across all Agencies):	1,518,498	
Total Invoices Submitted for Payment (All Agencies):	1,509,480	99.4%
Total Invoices Generated (All Agencies):	$167,552,505	
Total Invoices Billed (All Agencies):	$166,664,004	

Connecticut Department of Social Services
Making a Difference

- **Claim statistics as of 7/28/2017:**

- Total claim paid amount: $202,739,917.63

- Claims paid:408,109

- Claims denied:27,481

- 6.3% denial rate

- Pre-EVV Claim denial rate – 9%

Connecticut Department of Social Services
Making a Difference

	Service	Staff		Pos	Sch Start	Sch End	TZ	Sch Hrs	Call Start	Call End	Act Hrs	Bill Hrs	Pay Hrs	Auth	Tasks	P->A	Ovrd	Reason Code	Sup	Memo	Exceptions	IsFVV Enabled
SE	1021Z	K		PCA	08:00	12:00	E	4.00	08:08	12:00	3.87	3.75	3.75	W	4	☐	☐		0		Payroll Hours Less Than Scheduled Hours	
QUELIN	1023Z	N	en	PCA	08:00	08:00	E	24.00	08:02	07:54	23.87	24.00	24.00	W	7	☐	☐		0			
QUELIN	1023Z	N	en	PCA	08:00	08:00	E	24.00	07:54			-	-	W		☐	☐		0			
IELIA	1021Z	I		PCA	09:00	13:00	E	4.00	09:01	13:06	4.08	4.00	4.00	W	17	☐	☐		0	Updated		
YSON	1021Z	S		PCA	13:00	19:00	E	6.00	13:00			-	-	W		☐	☐		0			
OROTH	1210Z	K		HMK	09:00	15:00	E	6.00	08:55			-	-	W		☐	☐		0			
ALTER	1021Z	O	).	PCA	09:00	17:00	E	8.00	09:09				-	-	W		☐	☐		0		Payroll Hours Less Than Scheduled Hours	
RTHA	1021Z	F		PCA	10:00	18:00	E	8.00	10:05			-	-	W		☐	☐		0			
RT		C			--	--	E	0.00	13:06			-	-			☐	☐		0		Unscheduled Event, Unknown Staff	
RT	1021Z	E		PCA	10:30	13:30	E	3.00	10:28			-	-	W		☐	☐		0	Sabrina	No Out Call	
KTABEN	1021Z	T	enc	PCA	07:00	19:00	E	12.00	07:02			-	-	W		☐	☐		0	Florence		
GILDA	1021Z	F		PCA	09:00	11:00	E	2.00	08:58	11:01	2.05	2.00	2.00	W	3	☐	☐		0			
	1021Z	T		PCA	09:00	15:00	E	6.00	08:54			-	-	W		☐	☐		0			
ORIS	1021Z	C		PCA	08:00	19:00	E	11.00	07:59			-	-	W		☐	☐		0			
SHEILA	1214Z	F		PCA	14:30	17:30	E	3.00				-	-	W		☐	☐		0			
OLINDA	1214Z	L		HMK	10:00	13:00	E	3.00	10:00	12:50	2.83	2.75	2.75	W	2	☐	☐		0		Payroll Hours Less Than Scheduled Hours	
FORD	1214Z	N		PCA	13:00	15:00	E	2.00	12:57			-	-	W		☐	☐		0			
N	1021Z	T		PCA	09:00	15:00	E	6.00	08:59			-	-	W		☐	☐		0	Priscilla		
ATHLEE	1021Z	N		PCA	09:00	14:15	E	5.25	09:08				-	-	W		☐	☐		0		Payroll Hours Less Than Scheduled Hours	
IM	1021Z	H		PCA	08:00	17:00	E	9.00	07:53			-	-	W		☐	☐		0	Jennifer		
RRY	1021Z	L	la	PCA	09:30	15:30	E	6.00	09:39				-	-	W		☐	☐		0	Shayla c	Payroll Hours Less Than Scheduled Hours	

Total Shown: 23 — As Of: 02:08

What is
Electronic Visit Verification
(EVV)?

Electronic Visit Verification

Electronic Visit Verification (EVV) is a telephonic, mobile, and computer-based system that documents the precise time and actions taken by agency caregivers in the home.
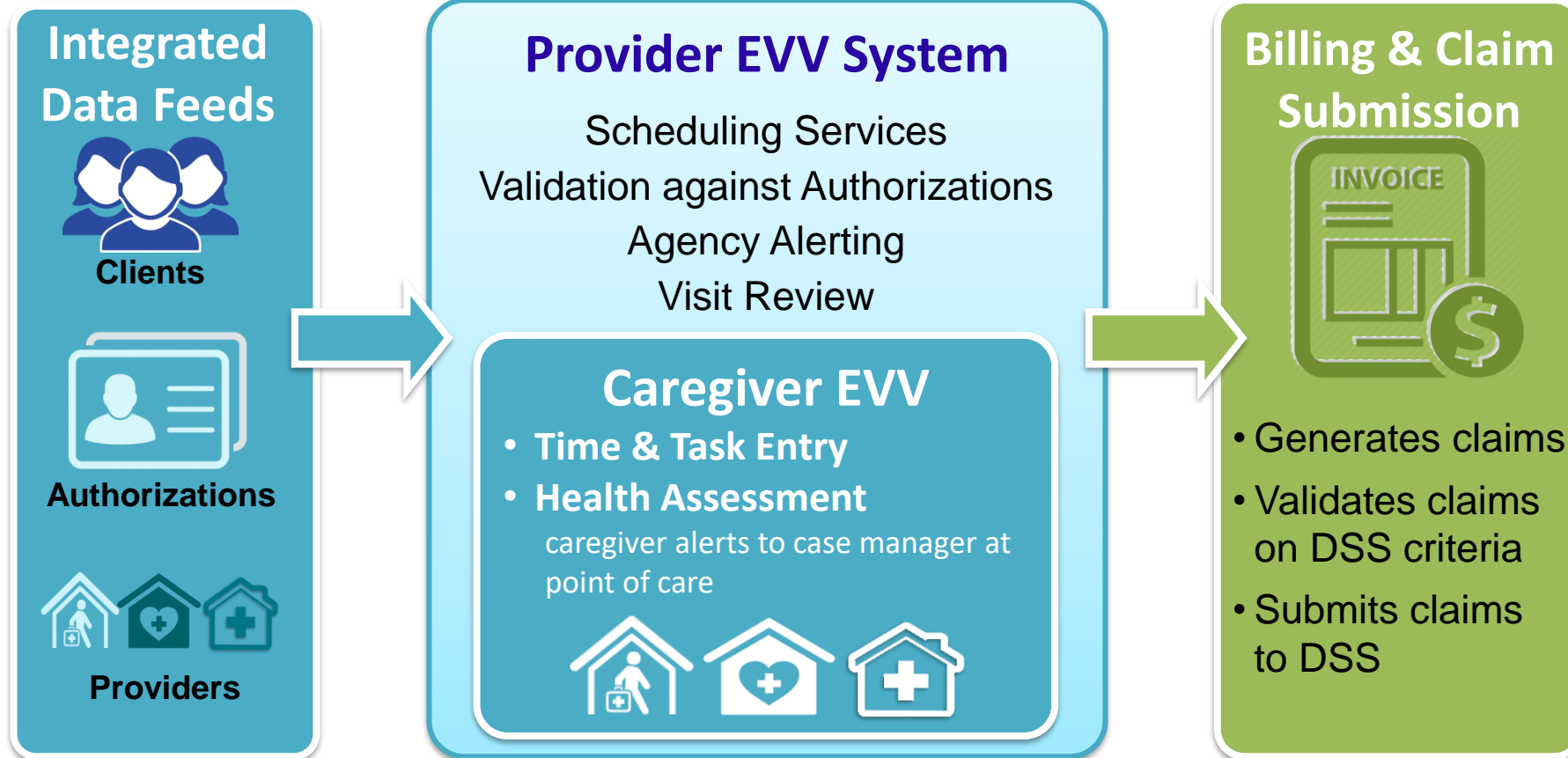
The DSS EVV system includes:

- **Electronic Visit Verification™ –** multiple technology options to capture caregiver time and tasks at the point of care.
- **Provider EVV Portal** including:
  - **Data Integration –** client, authorization and provider data imports
  - **Agency Management –** a powerful scheduling engine designed to maximize efficiency for providers
  - **Claims Validation –** validates claims data against authorizations and EVV-captured data before claims are submitted and adjudicated
- **Jurisdictional (JV) Reporting –** detailed EVV System Reports, Jurisdictional Views, and Data Extracts.

Connecticut Department of Social Services
Making a Difference

Jurisdictional View (DSS & DXC)
santrax PAYOR MANAGEMENT
Quality Oversight • Program Management • Reporting

Integrated Data Feeds

Clients

Authorizations

Providers

Provider EVV System

Scheduling Services
Validation against Authorizations
Agency Alerting
Visit Review

Caregiver EVV
- **Time & Task Entry**
- **Health Assessment**
  caregiver alerts to case manager at point of care

Billing & Claim Submission

INVOICE

- Generates claims
- Validates claims on DSS criteria
- Submits claims to DSS

Connecticut Department of Social Services
Making a Difference

Why Implement a
Electronic Visit Verification
(EVV) Program?

Connecticut Department of Social Services
Making a Difference

Electronic Visit Verification Benefits ALL the Constituents, including Clients, Providers, and State.

✓ Jurisdictional Overview of Programs

✓ Ensures Quality of Care

✓ Support Waiver Quality Performance Measures

✓ Real Time Program Alerting Responsiveness

✓ Cost & Expenditure Monitoring

✓ Federal Mandate 2019 & 2023

✓ Reduction of Audit Risks

Connecticut Department of Social Services
Making a Difference

Improved Service for Client

- Alerting of client condition changes, thus avoiding condition escalation. These changes include:
  - Hospitalization
  - ER visit
  - Experienced a fall
  - Change in mental status
  - Change in daily life needs
  - Change to informal support
  - Skin condition deterioration
  - Refusal of services

Ease of Use

- Electronic time capture reduces the reliance for paper timesheets.

Consistent Service Delivery

- Authorization and scheduling are electronic.

Late and Missed Visits Reduced

- Alerting and measurement reduces occurrence.

Visibility of Service Received

- Capturing indisputable visit data ensures clients are receiving the care they need in the home.

Ability to Measure Results and Health Outcomes

Connecticut Department of Social Services
Making a Difference

Reduction of Audit Exposure

- Visits and claims are electronically captured and verified.

Improved Efficiency

- Referral, Authorizations, and Billing are managed electronically.
- Alerting when changes to the care plan are made.
- Electronic capture of time reduces the need for caregivers to submit paper timesheets.

Improved Revenue/Payment Cycle

- Claims are pre-tested against visit data and authorizations, resulting in fewer denied claims.

Improved Service to Client

- Alerting of client condition changes.

Ability to Measure Results and Health Outcomes

Connecticut Department of Social Services
Making a Difference

Network Management and Visibility

- Ability to monitor the delivery of service to Medicaid recipients.

Reimburse Agencies for Actual Service Provided

- Removal of Fraud, Waste, and Abuse.
- Projected annual savings of 5-10% of Medicaid expenditures for home care services, estimated at $8 - 15 million dollars per year.

Reduction in Operational Costs

- Reduction in paper-based operations due to electronic authorizations and electronic claims.

Efficient claims transactions and submissions

- Claims are pre-tested against Authorization and Visit data, thus fewer claims are denied and contested.

Enables DSS to report on waiver performance measures

EVV Customizations
and Accommodations
for the CT DSS Program

Connecticut Department of Social Services
Making a Difference

The Electronic Visit Verification system continues to be modified and optimized to accommodate many unique behaviors and needs of the Connecticut home health and home care agencies:

Health Assessment Alerting
Point of care notifications via email and SMS to case manager for client condition changes.

Agency-specific ID's in Claims
Accommodated agency desire to include their own unique client ID's in billing submissions.

Care Plan Change Alerts & Reporting
Notifications and reporting to highlight changes to client care plan / authorized services.

Billing Holds for Physician Signature
Hold claims until provider signature for services is received. (to address agency audit concerns)

Scheduling Interface
Support agencies with existing scheduling tools. Allows deliver y of schedule info directly to EVV.

Third Party Liability
Record payments made by other programs and insurers for services billed to DSS.

Usual and Customary Rates
Allowed agencies to enter and continue to bill using their own usual and customary rates.

Client Phone Number & Address Entry
Enabled agencies to provide additional phone numbers for clients for use in EVV visits.

From the start of the EVV implementation, DSS has engaged the provider community, and continues to focus on keeping agencies involved in each step of the process of launching EVV

Change in EVV Use Dates
Provided additional time for agencies to begin using EVV.
Home Care: 1/1   Home Health: 4/3

EVV System Training
24   Face to face classes throughout CT
***18** instructor led online webinar classes*
<u>*Unlimited*</u> *online access to material*

Town Hall & Outreach Sessions (4)
Early discussions with dozens of agencies to solicit feedback and suggestions.

Caregiver Social Security Information
Relaxed requirement for caregiver SSN in the EVV system.

Agency Feedback on EVV Setup
Opened EVV components to agencies for feedback. (Tasks, Reason and Cancel Codes)

Extensive Online Information
DSS has provided a dedicated EVV website, updated frequently with news and FAQs.

Early Access to EVV System
*To allow agencies to familiarize with the system prior to launch Piloted the program on **8/15**, and opened the system to agency use on **9/1**.*

Ongoing Program Improvement
DSS continues to collaborate with agencies to improve EVV to maximize benefits and minimize the impact on providers (e.g. payroll)

CT had two choices regarding pushback from skilled agencies:

1. Develop an alternate solution for skilled agencies to submit claims thought their current system

2. Modify system to address each concern raised by skilled providers i.e interfaces for Diagnosis, Attending Physicians, Patient Account numbers, Medicare ABN & private TPL

CT Response:

- New solution for claims processing approved by Department's Commissioner in June. Allows providers to submit claims via EVV or their current system

- New claims solution is currently under development with a target implementation date of January- March of 2018

Both DSS and DXC have extensive information available online in dedicated portal sites for the EVV Program:

DSS Electronic Visit Verification Homepage:
http://www.ct.gov/dss/evv

DXC CMAP EVV Important Message Portal:
https://www.ctdssmap.com

The Selection of
DXC and Sandata for the
DSS EVV Program

Connecticut Department of Social Services
Making a Difference

- **DSS has existing IAPD contract from CMS for services with DXC**
  - Dedicated MMIS provider
- **Sandata has a longstanding, nation-wide relationship with DXC**
  - Pre-existing interfaces, established relationships, contracts
- **Sandata's Experience in State Medicaid programs**
  - Sandata has extensive experience in state programs
  - Sandata systems have the scale to deliver services

| Sandata's Nationwide Relationship with DXC | **+** | Sandata & DXC's Medicaid Experience & System Scale | **=** | ✓ **Reduced Risk** ✓ **Reduced Costs** *For State, Agencies, and Clients.* |
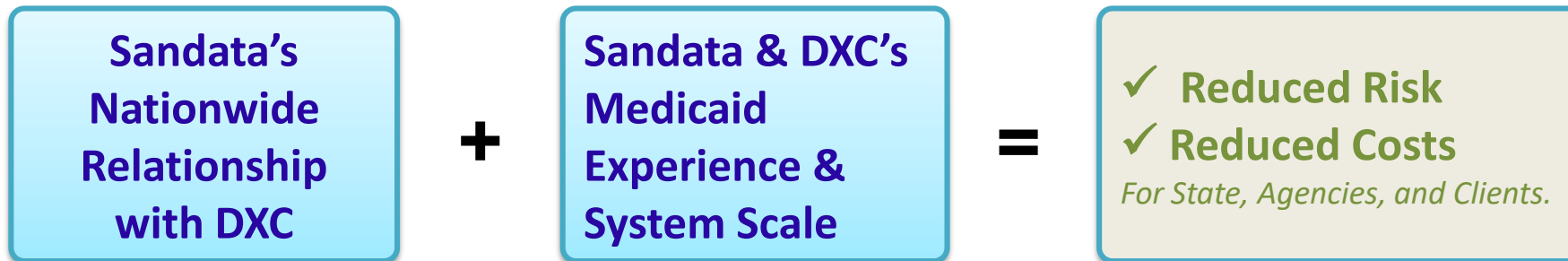
CT Lessons Learned

- You can't do enough stakeholder engagement
- The biggest decision is whether to permit providers to use existing systems or use one state authorized system
- Skilled agencies are more likely to have existing systems and are more likely to resist being asked to use one system
- There are solutions to that concern
- You can never do enough trainings/ must mandate training
- Ample testing time
- The skill sets and knowledge of technology among waiver providers varies widely
- Some providers will work around you rather than engage directly
- Stakeholder groups can be effective if managed properly

- Acknowledge that the provider will experience upfront cost to implement an EVV system, including initial set up of system (adding staff, schedules etc), training of caregivers and ongoing visit maintenance activities. Early adoption by a provider, with a strong mandate of use by their caregivers, will reduce the amount of resources needed.

- Consider interim payments as a tool if needed

- Ensure auditors are available to answer questions

- Some providers, despite your best efforts will need one on one training, feedback and assistance with problem solving

- You must have a solid system for responding to questions that includes an escalation process

- Some stakeholder groups consider EVV an invasion of privacy and present it as interfering with their rights

- Collaborative partnership with the vendor and MMIS provider is critical

- Early and ongoing communication with all stakeholders will help identify process improvements early in the implementation. Early feedback on code sets from the provider community will help avoid ongoing changes to such lists

- Develop a thick skin because the criticism will come fast and furious

- Keep your eye on the prize

Connecticut Department of Social Services
Making a Difference

- **The Program Will Deliver Measurable Benefits for ALL Constituents**
  - Clients, Providers, and the State

- **The Implementation of EVV Solutions Is Inevitable**
  - Federal mandate-2019 & 2023

- **We Have, and Will Continue to Attempt to Customize the Program to Maximize the Benefits, and Minimize the Impact on Providers**
  - Recognizing that change is difficult, but will continue to do our best to minimize the disruption for providers (without compromising program integrity)

- **We Recognize the Importance of Collaboration**
  - We will continue to listen, communicate, and involve all constituents in the process

- **We will Measure the Outcomes of This Program**
  - An independent, third party organization will evaluate and publish the benefits of this program

- State contact information:

- Kathy Bruni, MPA, LCSW, Director, Community Options Unit
  - 860-424-5177
  - Kathy.a.bruni@ct.gov

  Dawne Jimenez, Supervisor Medical Operations Unit
  - 860-424-5229
  - Dawne.jimenez@ct.gov