



Electronic Visit Verification Stakeholder Meeting Closed Captioning Transcript April 21, 2020

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>> Please standby for realtime captions.

Good morning, everyone. This is the Electronic Visit Verification General Stakeholder Meeting. This is Alanna Edgar speeding speaking. Let's go ahead and get the meeting started. Can everyone hear me okay, and can I get a thumbs up in the chat box? There we go. Thank you so much. We are doing things a bit out of the ordinary today as you can imagine. The majority of the staffing department is working remotely. I am working from my home and do my best to mitigate the background noise. We will do our best with the technology constraints we have but I think we can take the meeting off without a hitch.

I am Lana Eggers, and this is the Electronic Visit Verification General Stakeholder Meeting, and thank you for joining us today. We start with the mission, improving health care and outcome with the people we serve while demonstrating sound stewardship of financial resources.

Welcome, stakeholders. I assume you know where the restroom locations are since you are in the comfort of your own home or office. Let's start with the HCPF introduction. Folks, from the department, if you dialed in on the participant line, everybody has been muted. We did have background noise so unmute yourself and introduce yourself, and again this is the department staff. *6 to unmute yourself for introductions.

This is John [Name indiscernible], EVV policy specialist.

This is Alyssa Trey night, -- Alyssa, [Name indiscernible], project specialist.

This is [Name indiscernible].

This is David, quality assurance specialist.

This is Sydney, data analyst. >> Great. Is there any other department staff on the phone that would like to introduce themselves?

Okay. Moving right along, the purpose of the EVV general stakeholder meeting is to engage providers, members and other stakeholders as the department works to implement EVV for community-based services offered for both the state plan and waivers. Specifically to review the EVV legislative mandate, and to discuss what that is along the scope of implementation. To discuss EVV project updates, and provide a platform together stakeholder feedback. We ask that you mind the meeting guidelines, mind your E-manners, identify yourself when speaking, share the air, listen for understanding and state solution and scope focus.

It's critically important we introduce ourselves. I know we are used to seeing each other face-to-face, and I forget to introduce myself sometimes. If you are speaking please introduce yourself. For those on the line if you want to comment unmute yourself by pressing *6.

On our agenda today we cover introductions, and we will go through a brief overview of EVV. We will discuss implementation timelines, touch base on the code of regulations timeline, and go through project updates. We have the standard agenda items of the call center report and department data analytics.

A brief overview of EVV, Electronic Visit Verification is a technology solution which verifies information through mobile application, telephone he, or web-based portal. EVV is used to ensure that home or community-based services are delivered to people needing those services by documenting the precise time that services begin and end. We are implementing EVV because section 12006 of the 21st century tours act requires all state Medicaid agencies implement the EVV solution. Things that do not implement the EVV solution by mandated timelines will occur of reduction in federal funding and the department is on track to issue a mandate EVV for all Colorado required services by August 30 of this year.

In essence, EVV captures six points of data, the type of service performed, the individual receiving the service, the date of service, location of service delivery, individual providing the service, and the time the service begins and ends.

Which type of service required EVV? In Colorado EVV requires select fee for services state plan and home community-based waiver services. EVV service that do not need to complete EVV are those billed at a per diem rate, managed-care, the pace, the program for all-inclusive care of the elderly and other services billed in capitated format.

I hope this slide is familiar to the folks on the phone by now. These are the services we required the use of EVV in Colorado. That is personal care, pediatric personal care, home health including RN, LPN, CNA, PT, OT, and SLP. That is private duty nursing, hospice, homemaker, respite, when provided in the home or community. Consumer directed attendant support services, in-home support services, independent living skills training, life skills training, physical therapy when provided in the home, occupational therapy when provided in the home, speech therapy when provided in the home, behavioral therapies provided in the home or community, pediatric behavioral health, youth day, and select durable medical equipment services. These are the titles of the services that require EVV. We understand there are many different service components, procedure and revenue codes billed within each one of these services. For our comprehensive list of which services, which billing codes require EVV, there is a code list on the EVV website that I recommend represent if you have questions on whether the services you provide or receive will be required to complete EVV.

It sounds like you may have a couple of questions in the chat box for the service list, so if you want to unmute yourself, you're welcome to at this time and I can answer questions regarding the service list or overview of EVV that we have covered already. Also, by answering one question in the chat box, about per diem and respite services, all respite services provided in the home or community required EVV. Respite services that do not require EVV are those billed through a nursing facility or alternative care facilities in that 24 hour time span. So that's home or community including the home of the provider, if that is a small group type, those do require EVV.

Is there anybody on the phone that would like to ask a question on these? Remember you are muted so press *6 in addition to unmute your home phone. Okay. I will move on from this slide. My colleague, John, is looking through the chat box and will answer your individual questions in the chat box. If something looks like it needs to be brought to the group, John will chime in and make sure we address this as a group.

Before EVV in Colorado the list is long and you can see that John Lentz listed this in the Q&A box. If we require attendance to clock in or out for everyone of these individual procedures or revenue codes, it would be very time-consuming. We have group the services together within the state EVV solution, and requirements for the provider choice systems. These boxes you see on your screen on slide 12 are the boxes that the individual caregivers will select. Or the service categories they will select while clocking in and clocking out for EVV. So instead of clocking in for the elderly, blind and disabled homemaker, they will clock in only four homemaker. That's regardless of the waiver of the service they are provided under, the homemaker service category would be chosen.

For service locations around EVV we get quite a few questions on this and it's important for the department to clarify that EVV services can happen in the home and in the community. The intention of EVV is not to disrupt this flexibility. EVV would be captured regardless of where the service takes place. That would be in the home or the community. There would be no need to clock in or clock out if the member and attendant are leaving one location to go to another. Like I noted before, facility based services are exempt from EVV unless otherwise noted.

The department is implementing a hybrid model which means that we have selected a vendor that will provide the state and EVV solutions by also allowing provider agencies to utilize the EVV solution of their choice. We have contracted with DFC and data technologies for the state EVV solution and provider agencies are welcome to use this free of charge. If the provider already has the EVV system or would like it to be more unique to their business practices they are welcome to purchase or maintain their own EVV system. Both of the state EVV solution and provider choice solution required training before you get and some note that training is a requirement. If you are implementing your own EVV system that can take a while to connect to the state solution. We asked to ensure successful data transfer. If you are using your own system, please, contact data and start connecting now. The interface specifications are under our website under provider choice systems. We can help navigate you through that process.

The primary solution technologies at the state EVV solution is utilizing a telephone, mobile application and web portal. That would mean that the attendant one clocking in can clocking with the mobile application on their cell phone or different talk device or call one of two one 800 numbers provided to the agencies. If there's any visit modification that needs to happen after the service visit the provider would use the portal.

I'm going to pause here for questions. If any of the stakeholders have questions, please unmute yourself by pressing *6.

Okay, hearing none, we will move along.

This is Kelly O'Brien.

Hi, Kelly.

Pardon the interruption but do you mind if I go ahead and manually unmute everybody?

Yes, that sounds good.

Thank you.

If anybody is not speaking, if you would please mute your line unless you need to talk. Thank you. One moment.

All guests have been unmuted.

I am Aubree John and can you hear me?

I can hear quite a few folks. The first thing I heard was I believe Aubree or Audrey. You can leave your line unmuted, and if everyone else would please mute yourself so that we can hear her question, I would appreciate it.

This is Aubree John.

Hang on one second. Everybody, we hear background noise and it is difficult to engage folks on the phone if we cannot hear don't. I can hear a gentleman talking in the background, so assume your line is unmuted. Take a moment and look at your phone, and mute yourself.

Excuse me. I'm sorry to interrupt. This is Mark Simon. You had all of the lines on listen only, so you might try to mute everybody again and have them unmute themselves.

Yes, I am taking a question from Aubrey. We were having difficulty with folks unmute themselves as we tried to see if this works. Let's have some self-responsibility. If everyone would try to mute their lines it would be helpful, but if not, we can go back into the forest mute situation. Aubree, let's try this again.

This is Aubree John from the JJ in health agency and regarding to the EVV telephone call in, can any cell phone be utilized for that when the provider is providing care for the client?

That is a great question, and any phone can be used. You will call one of the toll-free numbers assigned to the provider agency. The caveat here is that the home address or the primary address for assignment is assumed if the phone is used so there are instances where the provider agency has to update the address so that the incorrect location is captured. John Lentz will talk through that functionality and we just released the technical guidance to make sure that technical location is recorded on EVV, but absolutely, any phone can be used.

Great, thank you.

Okay. I can take one more question.

This is Melinda Pardoe, early intervention director in Pueblo and we provide therapy and speech therapy in the homes to children and families. In our service delivery model the services can happen in the home, day care center, out in the community, or at the grandparents' house. That really varies week to week. Will we have to capture all of the different addresses that the services take place for each family in the EVV state system?

The client should be assigned a primary address. That would be the default if their primary phone number is used to. Make sure that there is a primary address in there, so the client home address if services are taking place in other locations. You would clock in or clock out to the mobile device which would correctly capture the location. If you use the telephone option you would have to go in and fix the location if they were recorded incorrectly. You would know if they work recorded incorrectly by entering into your provider portal.

So if we have the primary address of the family home, but let's say during the day they are with grandma at a different address, and the provider clocks in and out at that different address, is it going to be kicked out and billing because the service did not happen in the primary address or how is that?

We will not do any address matching. We expect services to take place in location A, that they did take place at location A. That will be the data detective regardless of where they are. If the child is at grandma's house, that's okay, we will take in that location and the EVV claim will pay.

Okay, thank you.

This is Regina with Cheyenne village.

One second, hold on one second. We are hearing the background noise. Can everybody please mute your phone. I would like to be up to take questions on the phone, but unfortunately we have issues with CenturyLink where folks are unable to mute themselves. Please unmute or rather mute your line if you're not Regina. Okay, Regina.

Okay, thank you. I am with Cheyenne village. We have the group respite we do through SLS. That is adults with IDD. We do need to use EVV when we run that group. Is that correct, then? I did not know that we needed to.

Yes, EVV is required for all respite services unless your billing the nursing care facility or alternative care procedure folks.

So these groups are on Saturday for five hours. They are usually going out in the communities. With they just log in and out for each person that shows up on that Saturday?

Yes. It depends on how you bill. It also depends on if you are using the state EVV solution or the provider choice system.

It is the data.

Okay. There is a group functionality you would utilize in those circumstances if you are billing a group respite code. If you are billing individual codes you would clock in and out for each client, but with the group code you can use group code functionality.

Okay, we will do that. Thank you so much.

Thank you.

Is there any more questions before we mute the lines again? We still have quite a bit of background noise.

Okay, Kelly. Let's go ahead and mute the lines again, and we will unmute them later.

All guests have been muted. You can unmute your lines by pressing *6.

Thank you so much.

Kelly is our expert guy, if you are curious who we are talking to. He is usually in the room managing these calls.

All right, let's go ahead with the EVV implementation timeline. This slideshow look familiar from our last presentation. It outlines the latest implementation steps that the department has taken. In September 2019 we had our good faith effort exemption approved by CMS many we did not have to required use of EVV on January 1, 2020. We were thankful that was extended to give us more time to operationalize systems and solutions we were looking to implement. On October 1, 2019, the state EVV solution and data aggregator went live which means that providers using either the state EVV solution or the provider choice system would be able to utilize EVV, participate voluntarily and get used to this system. From that date through August two, 2020, we look for the department to have the soft launch period. This means the use of EVV is voluntary. We encourage providers to get in and use the system early.

We know that this is a new process for folks and it takes a little bit of time to learn the system and to interface your systems and send data. It can be a little bit time-consuming, and the learning curve can be challenging. We highly encourage folks to get in as soon as possible. Beginning August 3, 2020, that is no longer an option. The code of regulations role will be in effect for providers of mandated EVV services, and they must utilize EVV. From August 3, through the end of the year, it will be in the mandated state where providers must use EVV, however, we will not have any impact to your claims. We will not deny your claims, and we will not be doing any post payment review of your claims. If the agency is using EVV beginning in August but not getting it quite right, we want to make sure we make an opportunity for you all to learn the system without impact to your bottom line. So for those few months, August through December, you are required to use EVV. We will

reach out if you are not. On January 21, 2021, we enter what we refer to as the prepayment claims review process which means that the claims without the corresponding EVV we will deny.

Like I said, right now we are in the soft launch period, meaning the state solution and data aggregator or live and available for you to use. Providers need to begin to collect EVV data and transmit to the department. This is an opportunity to familiarize providers to EVV prior to implementation on the January 1 date. Plans will continue to pay and the EVV heirs will appear on the device meaning the department will be telling you which claims could be potentially denied if you're not using January 1 on EVV. As of April we are trying to give you as long of a runway as possible so that you know which claims we will tonight on the first of next year if EVV is not completed. Our data analyst, Sydney, will go into this a little bit later to show what we see in the current data. If we start denying claims today, what impact that would be. Please refer to your submitted device and you will see EVV 3054 meaning that claim would deny without EVV next year. This is also an opportunity to help identify which sort of training materials are needed and it really helps the department as we collect the data to know what in the system is working and what might not be working.

When referring to the August date, the way and means the department has to require the use of EVV is through the code of regulations role. The providers should all be familiar with the way that we utilize the rule. We will have a new role for EVV.

We are entering the medical services board timeline now. What that means is that right now the role has been through all of the internal clearance processes, and it is ready for the public feedback. We have provided the role, and I think the stakeholders, many times over the past year, and most recently I think we provided it at the last couple of stakeholder meetings. We've taken all of your feedback into consideration, and we very much appreciate all the editing you all have suggested. We're currently in the rule review process. What that typically looks like is a meeting within the department which would've been scheduled for yesterday, where stakeholders can come down and talk with the authors about the role. Because of the stay-at-home order we are under this is virtual only. If you have comments on the rules, and I will tell you where to find that on the next slide, emailed the rules office directly.

The best way to do that is through the EVV inbox. We need feedback by the 24th, so that is that we need feedback this week. If you don't provide feedback this week we will be in the formal medical services board process and going to the first reading with the medical services board on May 8. At that point we will present our rule to the board. Stakeholders are more than welcome, encouraged to join. You can sign up for public testimony either in support or to test an edit to the role. That is the longer of the two meetings that we spend more time talking about the rules in the first reading. During the second reading it should be the last reading in the medical services board. That is the final adoption, meaning it is usually the time that the board chooses to adopt the rule or not. But both of those meetings are May 8 and June 12th, and open to the public. If you have comments on the role I will say it is easier for us to make edits to the rule prior to those meetings. We certainly can do it during that process, but reach out to us and would love to hear from you before those. The rule will go into effect July 30th. The mandate date in the rule is that date, August 3rd.

Here are some resources for you all. If you would like to learn about the medical services board process, the bottom link will take you right to that. The medical services board is a governor appointed board.

All of the department rules need to go through that board for approval. The public rule review is opportunity to offer input on the repost role prior to it getting to the board, and again, that is the process we are in now. If you can prevent who -- review it and give us back your feedback this week, it gives us time to have your feedback prior to sending it to the board. This shows you where to find the rules and more information about the process. This link was also mailed out via email to the stakeholders last week.

I will pause here.

I assume we will probably have questions on all of this. Kelly, do you know if folks are still unable to unmute themselves?

Yes, Lana, I believe that is the case, and I'm very sorry. You want me to unmute the lines?

Yes, let's go ahead and unmute the lines. Please mute yourself if you're not speaking.

All guests have been unmuted.

Okay. I hear a little bit of background noise so someone is unmuted. If you have a comment let me know, and we will try to take that now.

I have a question and this is Jenny Patterson, director of services for the DNA company. Specifically John helped out and made a comment about being exempt from EVV. I want to check for the skilled nursing facility equipment and to confirm that the skilled nursing facilities are exempt.

Hi, Jenny, thank you for the question. We can hear dogs in the background. If your dog is barking, please know that you are unmuted. John, can you take this question?

Hi, this is John. Yes, if you are delivering DL me to a hospital or skilled nursing facility, they do not require EVV at this time.

Great, thank you.

Thank you.

Are there any other questions or comments on the EVV timeline, rulemaking process?

Hello.

Hi, we can hear you. I can hear mumbling, but I don't quite hear a voice. You could have a bad connection, and can you try again, sir?

Okay, was there somebody else talking? Just a reminder, all lines have been muted. You have to press *6 to unmute yourself. Nevermind, Kelly unmuted us. Are there any questions before we put everybody back on mute?

Okay. We will go ahead and move on. If you do have questions, you have the Q&A box that we are getting through as quickly as we can. We will unmute later as well.

All guests have been muted. You can unmute your line by pressing *6.

Thank you, Kelly.

Moving on to the project updates. We have a variety of information in the project updates section this time. First, I wanted to touch base on the live-in caregiver solution. We've been talking for quite a few months how the department is operationalizing for caregivers. Remember this was the primary reason we delayed the implementation past January 1 of this year. We received guidance late in the year from CMS in 2019. That says that the state may submit a live-in caregiver exemption for folks living with that member. We have been working on that. We hope to provide a little more information on the systems solution today. We are still in the systems testing, and we are finalizing the live-in caregiver solution. The systems testing is underway at the department and through the MMIS entity. We expect to release the systematic guidance on how to utilize the live-in caregiver exemption by the end of the month. Again, I hope we would have it today and we were close, but we did not quite make it. The live-in caregiver attestation form has been finalized. We will share that with the folks in this meeting. We will be going over the services permitted to utilize the live-in caregiver introduction.

The mission you can see on your screen right now on slide 24, we have brought the stakeholders on numerous occasions and this definition will be in the code of regulations role. The live-in caregiver means a caregiver who permanently or for an extended period of time resides in the same residence as the Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by the U.S. Department of Labor, Internal Revenue Service, or department-approved extenuating circumstances. The documentation of live-in caregiver status must be collected and maintained by the provider. As I mentioned, we've been working on the live-in caregiver acquisition form and the attestation form is the form that caregivers, members and providers will all utilize so that we know when the exemption will be taking place. It is the listed completion of the form that the caregiver or provider does not need to complete EVV for a certain member, or a certain caregiver/member relationship. The department collaborated with the member and caregiver subcommittee.

The final draft is posted on our website. We would appreciate any feedback by the end of this week. Like I said, we have been through this with the stakeholders quite a few times, but want to make sure you have one last opportunity to let us know if we have missed anything prior to this being finalized and released for use. You will see the link on the left-hand side of slide 26 where you can find this form. I put a little screenshot a part of that form in here so that you know what you're looking for, and this is a three-page form. The very last page of it you declare which of the determination you are meeting. If you are a live-in caregiver by the iris standards, I Department of Labor standards, or choosing to utilize the extenuating circumstances determination from the department.

I'm going to pass this off to my colleague, John, and he will discuss the services permitted to utilize live-in caregiver exemption.

Hello, this is John Lentz with the department. These are services permitted to utilize the live-in caregiver exemption. The EVV services appropriate for caregiver exemption may utilize the exemption at provider discretion. The EVV services that require uninterrupted delivery are ineligible for live-in caregiver exemption. We have a table in this list here dashed in this presentation for everybody's convenience. -- In this presentation for everybody's convenience. It's pretty self-explanatory. That is ineligible for durable medical equipment because that requires an interrupted delivery of service. Next slide. The billing provider responsibilities. The first one is to determine if the agency will utilize the live-in caregiver exemption from EVV. That is to maintain the live-in caregiver records, and there is a live-in caregiver attestation form, and that is on the website and available on the website next to this meeting.

There is the presentation and the live-in caregiver attestation form sample. That is as well as any supporting documentation for that. And then once they are using the methodology, that step follows the live-in caregiver billing roles after they are released.

The alternate location functionality, Landa touched on this a little bit but to go into it a little bit more, the intention of the alternate location functionality is to make sure that the actual location of where the service is delivered is recorded and in the circumstances where needed, there is a possibility to modify the EVV locations and the provider choice systems must ensure correct locations, however, those provider choice systems, known as alternate vendors and alternate EVV vendors, and that is if you are not using the state solution to document EVV, those are the provider choice EVV systems. The state EVV solution requires alternate locations in the following situations. If the telephonic, TVV, mobile app or EVV records a wrong location before claim matching, it's important to go in and alter those locations directly. We have a guidance document out that will step through this whole process.

But as this was brought up earlier, if the system automatically records by using the telephone, it automatically records the primary address that is associated with a client. That is the EVV system declaring that service was delivered at that location and therefore it is very important to use the alternate location functionality to go back, modified the EVV location only, and then that comes through as the correct location with the EVV record. It is also possible to correct an existing EVV. This can be done after the claim matching, and it is

possible to do so. It's important that the EVV record be as accurate as possible. It is also possible to enter a manual visit record because of the functionality of the state solution, that the manual visit records are entered actually as a call. It is just the call itself that is recorded. The location actually has to be manually entered in which is all recorded as an alternate location.

Thank you, John. We will pause here for questions. Does anybody have any questions on the alternate location functionality, or the live-in caregiver update that we provided? If we can go ahead and unmute the lines again, Kelly.

All guests have been unmuted.

This is Cheryl [Name indiscernible] from stakeholder.

Hi, Cheryl.

Hi. I have a unique situation. I have eight medically fragile brain injury son who is recovering, actually, from three brain surgeries in February. When I go to the durable medical company, either caregiver that stays with him while he is recovering. I pick up supplies at the durable medical company and as living caregiver, how am I to appropriate that?

John, would you like to take this one about which services required EVV?

Are you asking about the durable medical equipment, or are you asking about the caregiver that is substituting for you? >> No, the caregiver would say with my son. I would go out in the community to pick up the durable medical equipment. They are an extension of what I do at the house, but not a full extension of my decision, so I have to go out and assist to make the decisions on the equipment.

Sure. That makes sense. Go ahead, Lana. >> That will fall under both of our rams so if you want to take a crack at the DPE. I will do the caregiver.

For the DL me, the provider of actual services are those recording the EVV for those services. The DL me provider if providing the service in the home or community would be responsible for recording the EVV.

What I am saying is that I'm going out and picking up the various durable medical equipment, so it is me on my time, on the C-DOS program, going out and evaluating the equipment to make sure it is appropriate, because sometimes it is not appropriate.

It falls more in my shop, John. If you are utilizing the C-DOS billing methodology while running the air and stay clocked in for EVV. If you are no longer billing for C-DOS when you pick up the durable medical equipment, instead would be the caregiver staying with your member. Then you would clock out for EVV. Think about it in terms of billing. If you are billing the department for the services we need EVV collected for that time. If you're not billing C-DOS, then we don't need that at that time.

What happens if it is both, she is attending do him on health maintenance, recovery based on where he is at, and what's going on. >> [Multiple speakers]

I'm saying what if we are both on the clock?

I am not an expert on the rules so I will not speak on the fact of what is allowable to be billed under C-DOS, but if it is allowed for you to be billed for that simultaneously you would both be clocked in for EVV at the same time.

At the C-DOS program it is allowable and that's why I'm unsure.

Take about EVV billing. If the state Medicaid agency is reimbursing for services then we will expect to see the EVV record.

Okay. Even if that is the same address and I'm at a different location?

Yes. We recognize services can take place in many circumstances at many different locations, and probably the most common that we here about is the attendant for caregiver going grocery shopping or other homemaking type services when they are not with the member, and that's okay. That services currently allowable and we would expect to see that EVV record for that service regardless of whether you are with that client or not.

I think I understand. I will sit on this and make sure, and listen completely. If I have any other questions, I will address them. Thank you.

That sounds good. The bottom line is that you would be clocked in if you are providing that service under C-DOS. Does anybody else have any questions? >> Yes, can you hear me?

Yes, what is your name?

I am Leo and I have a question. The question is on my travel time. I'm still unclear. The way that we build now, let's say we have a 30-minute travel time allowance. When you are using the EVV and you clock in when you arrive at the location, and you clock in when you leave the location, how do we bill for the travel time?

Thank you for that question. As you know, the department has been looking at travel time for quite some time, determining what our function will be. We do not have any official guidance for stakeholders at this time. However, the EVV requirement does mandate that we have a clock in and clock out for time of service delivery. As you work toward operationalizing your EVV, think about clocking in when the services start, and then clocking out when the direct service ends. That is billing as you currently would. We will be releasing travel time guidance prior to the August 3 mandate.

Okay. So what you are saying is that it is not complete yet, and once we start using the EVV, let's say we would have a two hour visit and then the 30-minute travel time and the clock in happens at 12, clocked out at 2:00 and billing 2 1/2 hours would still go through?

Because you will not be integrating any claims or denying any claims for another quite a few months until the first of the year, everything will go through at this time. So clock in at the beginning of the service provision, and clock out at the end of the service provision, and Bill as usual until the department releases further guidance on travel time.

Okay, thank you for that.

This is Matt from public partnerships -- go ahead, Kelly.

Okay, Kelly.

Sorry about that. I have a question and I represent the [Indiscernible] providers on the call. When someone is talking about going to pick up [Indiscernible] at a provider facility, am I correct that EVV is required when delivered in the home or at every delivery location?

John, would you like to take the DME location?

I'm sorry, I'm trying to get through the Q&A's. Please repeat the question.

It's about place of services for DME.

The places of service for DME in the service code inclusion list and the intention is to be looking at home and community. So the places of service are 4, 12, 15, 16, 18 or 99.

Per diem or rental equipment portions of billing are not subject to DME -- EVV. Did my phone go dead?

Thank you, John, we heard it.

Cool.

Okay, let's get to the mat.

This is Matt from public service. I know you're providing feedback in the form is not final get. You're still taking feedback to provide the final form up until the 24th, is that correct?

That is correct. The form that the department current has posted on the website is what we feel is the final version. So we are not expecting there to be significant changes to it, and not looking to completely revamp the form. If there are changes that need to be made let us know and we will be happy to discuss those, and it is still open for comment.

Okay, great. I know we had the sticking point relating to C-DOS and the nuances that come with that program, and the dynamics of the household employers. However, on this version it is an expectation that there is the FMS services signature. The last time we discussed this in the committee meeting it would be a review of the FMS contracts and I'm wondering if all of that discussion occurred and did we still end up with an expectation and that FMS will be required to assign or tested this even though we will clearly not be able to verify with 100% certainty that the spokes are meeting this criteria?

Thank you for that question, Matt. we are currently approaching this is that we would like the FMS to sign Mac that they are in receipt of the form, and to make a good-faith effort to save this information looks correct or not. The liability on the FMS vendor per your contract would be different than other provider agencies. We do recognize that difference and I will work with Katie and Aron to get something in riding -- writing for what that looks like for the FMS vendors.

That would be helpful and as an example we receive a lot of paperwork for the W-4 and the I-9. we are simply collecting them to make sure they are complete and holding them on file. We are not necessarily verifying aspects of that paperwork which I think is a very important nuance to bring out in a specific form. That leads off the FMS roles and responsibilities. I think from the PPL perspective there would still be concerns with the requirement to sign this with the current --

I will work on this from my perspective I think we would see a different liability that we would still expect a signature to acknowledge that you are in receipt of that form. Since there are three FMS and a whole list of providers on the form, we make have an addendum to the form for the FMS vendors so let's get in touch this week.

Thank you, I appreciate it.

Thank you, Matt. Are there other questions on the alternate location functionality or the living caregiver update? Okay.

I am missing a lot of questions in the chat box around our current environment with the COVID pandemic, and how that might implement or change the EVV timeline. I will take a crack at addressing that before we move on to the next box. Kelly, let's go ahead and mute all lines. >> All guests have been muted. You can unmute your line by pressing *6.

Great, thank you, Kelly. We will unmute again for comments but I was hearing feedback.

There are quite a few questions in the chat box about how COVID-19, in the current situation, how it may impact EVV. At this time EVV is moving forward on schedule. The federal mandate requires that we implement our EVV system, including claim integration, part of it by January 1, next year. We have been in touch with our federal partners, the Centers for Medicare and Medicaid Services. And other federal representatives to understand if there will be a delay at the federal level. At this time the CMS does not have the legal authority to delay the impact of January 1, 2021. It is in the law and would take congressional action to delay EVV. What that means in Colorado is that until we see a delay or action from the federal government, we are moving forward on our implementation schedule as planned. The reason for this is that since we first started talking about EVV we are promised stakeholders to provide of your incremental and soft rollout of EVV. We are trying our best to hold true to that promise which is why we started with the soft launch in October. We are mandating EVV in August prior to any type of claim integration.

If we were to delay EVV in Colorado past the August date, all it would do was to truncate the time that providers and caregivers have to learn EVV without an impact to claims, and that is not our intention. Our intention is to give you as much time to learn as we possibly can so that there is no impact to your bottom line. At this point we are moving forward as planned for that reason, so we can give folks a long runway to get up and going with EVV prior to the federal mandate of claims integration. If we see the EVV delay in the next coded relief bill, which I know there has been some conversation about and advocacy on the federal level, then we will discuss how that impact could impact EVV implementation in Colorado. Until we see action from Congress, Colorado's hands are a bit tied to implement EVV in the soft way that we have promised. To keep on with the agenda, we are going to move on. We will open the line at the end of the meeting to discuss this a little bit more. I'm happy to talk through this as much as you all would like. With that, let's move on to the next slide and we will come back to this issue at the end of the meeting.

I'm going to pass this off to my colleague, David, and he will run through the user testing bingo.

Hi. This is David, quality assurance specialist for EVV. As we get nearer the August 3 mandate there are three major hurdles to cross the. We have the training and credentialing which at this stage there webinars scheduled for May 5 and 14. There's integrating the program with your own everyday practices, and after those are accomplished we have guidance so that there are no failures to the claims being paid or provisions of services. That is such as [Indiscernible]. We have come up with a quick, simple and fun way to accomplish that. We have a bingo card which is a guide for users through several different scenarios help you familiarize yourself with the functions and applications of the app, different scenarios you might expect depending on the kind of population that you serve. There are many resources where you can find hints and answers. You can use your [Indiscernible] to see how much each scenario plays out in your own [Indiscernible] valid records submitted or correct bad habits. It helps us on our end gather more data, experience analyzing the data from a live submission from the actual users perspective. Of course, it helps us to identify bugs in the system early on. All of the boxes are relevant for both the state solution providers, and providers of the initial system. Find it in the website for download and printing under provider resources and that is on the second line from the top. There's nothing mandatory about it. It is a way for the department stakeholders to collaborate and improve the program before that affects your reimbursements, highly recommended. There's no prize for getting the bingo other than initially doing things better, and being better prepared. I hope you all take the opportunity and find it useful.

Thank you, David. I appreciate this. Link is at the bottom of this slide. As David said it is just opportunity to think about what issues you might be running into with EVV, and what functionality you may need to know how to use. The training is very large, and these are pinpoints that we see that folks might want to take more time learning. Thank you for that, and thank you, David, for making it more fun. I wish there were prizes, but maybe next time.

Let's move on. We have [Indiscernible] in the operations office and she will run you through the next couple of slides. They will discuss how EVV works as it relates to our claims processing schedule. I will stop there and let her explain it better than I would. Alyssa, I'm kicking it off to you.

Hi, this is a less of. To go through this, everyone should have seen this in training, initial provider training when you become a Medicaid provider. This is the DXC processing schedule and initial cut off is Friday but this should be normal to everyone billing. You can submit claims up until Friday midnight. As we look at week two, we see the RA's from that week will post in you will receive payment on that Thursday. Let's go to the next slide. Looking at the EVV visit weekly submission, with that last slide in mind you have the we could claims cut off submission on Friday. That means that every visit submission would need to be submitted on Thursday by midnight. This is just because of the final transfer system we've talked about a couple of times. Any visit that is submitted on that Thursday will be in the system on Friday, which gives enough time to match it to the claim. If you are submitting visits on Friday, just submit the claim for that on the following Friday. Do you want to open that up to any questions?

Thank you, Alyssa. We can open it up to questions. I will let folks know that we still have a decent amount of slides to get through. Unless it is on these two slides we will move forward and keep that until the end. Kelly, let's unmute for questions on the billing process.

All guests have been unmuted. Are there any questions on the two slides that Alyssa presented on the billing process? All right. Thank you, Alyssa, I appreciate it. We will go ahead and mute all lines again until the end of the presentation.

All guests have been muted. You can unmute your line by pressing *6.

All right. We would like to discuss the Sandata call center. Here is you contact using your solution are using the EVV solution and looking to interface. This is how you contact him. Here is a tally of our calls. From this year these are the incoming calls we have seen by weeks. You can see we did have a dip at the beginning of April, very understandable. There were other priorities taking precedence. We see the call center is ramping back up again, and these are the average incoming calls that we see.

Here is the percentage of calls capture. Of the individuals that call, over 90% of the calls get to a call representative. We are not seeing a lot of call dropping or folks unable to reach the call center. We are still seeing good times when it comes to waiting for a representative or for time spent with a representative. When somebody calls it takes less than 20 seconds to get a real live person on the phone, which we are really proud of the way that is working. And in the time spent with the representative is about 11 minutes.

If anything needs to be escalated they have the procured environment for escalation. One of which will bring the issue back to the department so we do see some of your issues. Let us know if you all have any difference experiences than what is represented in these slides of the call center. A reminder this is only for EVV and this is the EVV dedicated call center. For the billing agent, that is still the call center to call for any other claims processing issues. Okay.

Let's move on to the last portion, department analytics and I will have Sidney, our data analyst, take it from here.

Thank you. I am Sidney, the data analyst for the EVV program in Colorado. I have interesting numbers to share with you today about how EVV has been going in this state so far. In the first graph you can see the data providers that have used the EVV system at least once. Over time the department expects to see more and more providers using the EVV system. This expectation is represented by the gray line in this graph, expanding from October 1, 2019 through August 3, 2020. Obviously October 1st was the state that the EVV solution and data went live. On this date providers can start using the EVV system, and the state is highly encouraging providers to use the EVV system since then. On August 3rd, that begins the date that all providers billing for EVV services will be required to use the EVV system. On August 3rd we would expect

100% of all EVV providers to have used the EVV system at least once. If the EVV system participation gradually increases over time, we would see roughly 63% of all EVV billing providers to have used the EVV system at least once by this date. That is where you can see that number in the graph. However, at this time it is not gradually increasing. We only see 10.51% of providers using the EVV system. In other words, this is a total of 88 providers that have used an EVV system since October 1, 2019. It's clear we are not on track to see participation gradually increase, but we expect that to exponentially increase closer to the August 3rd mandate. Deep in mind it is required by the state of Colorado to participate in EVV if you Bill for EVV services beginning August 3rd. If you have not started using the EVV system yet, the state highly encourages you to do so for that state deadline. Would you like to move to the next slide, Atlanta?

Thank you. In this graph you can see how providers have been doing with matching their claim lines to the EVV visits. For a quick review, the claim line with the EVV service on it must have a matching EVV visit. If the claim line does not have a matching EVV visit, that line will deny beginning January 1, 2021. If you recall from what Alyssa just talked about, claims are processed every Friday. As you can see, at the top of the graph I have listed out every Friday since they were 14 of this year. -- February 14 of this year. On these dates the claims are processed to see if there was a matching EVV visit. That claim line is marked to either pay or denied. Again, the state will not deny claims until January 1, 2021, but it still possible for me to see that the claim would've been denied if the claim edit was turned on right now. Some providers are doing a great job getting the claim line to have the matching EVV visit and those providers are represented in the green box at the top, 0% of claim lines denied or 1 through 24% of claim lines to denied. As you can see, this is a very small percentage of providers that Bill for EVV services each week. When you look at the red boxes at the bottom you can see most providers, more specifically, roughly 96% or 97% of providers would have all of their EVV claim lines denied if the claim edit was turned on right now. This is most likely due to many providers not using the EVV system yet, therefore, it would not even be possible for the claim lines to have a matching EVV visit. Over time and as more providers begin using the EVV system, we expect the majority of providers to follow into these two green boxes at the top, instead of the two red boxes at the bottom.

Is that is all I have, you guys.

Great, thank you, Sidney. We appreciate that. We will pause here. That is the end of the presentation slides from the department. We have about 13 minutes left and we will unmute the lines. First, I would like to take any questions for Sidney on the last two slides she presented, and then we will going to other topics. If folks will make sure their lines are muted we will have Kelly unmute for the remainder of the call.

All guests have been unmuted.

All right. The floor is yours if anybody would like to ask a question or make a comment.

All right, Kelly. >> [Indiscernible] angels, this is Crystal, may I help you?

Hi, we have a stakeholder meeting going on. Can you hear us? Okay. I will give this 30 more seconds for everybody to mute their lines or we will have to mute everybody again.

Can all stakeholders that are either at work or taking calls, or listening to the TV please mute your lines so that we can have an open engagement on this conference call?

All right. Does anybody have any questions?

This is Mark Simon. Aidoo.

Hi, Mark, go ahead.

I would like to know what steps the state is taking to assure accommodations for attendance, for attendance unable to utilize the EVV system due to disability, one, what is the standard for making a determination on

whether or not an accommodation should be provided or not? What steps does an agency or FMS/client/employer have to do to get that accommodation? Where is that information available question mark what efforts are being made to get that information out to the agencies at the FMSs, so that they know what to do, don't deny somebody, or worse yet not even hired them because they need it. Lastly, who is the contact person at the state if there is a problem obtaining that accommodation? As I've said over and over again, many aides have disabilities. One of my aides has a brain injury and will never be able to use EVV. What do we do to make sure we don't turn those folks away?

Thank you for that comment, Mark. In an attempt to not make another bureaucratic process within EVV, we will utilize the current ADA standards that the department set. If there is a situation where an attendant, caregiver is unable to utilize EVV, we understand that will happen. We would be looking to make accommodations on an attendant specific basis. Any processes currently in place would be reaching out to the provider agency and that would be touching base with the FMS vendor first. Would run that through the ADA processes at the state to see what sort of accommodations are exceptions we would make under EVV. Because individuals have such unique disabilities, the department will not be making any blanket accommodations. We will do this on an individual basis.

Okay. So you referenced

C-DOS but what about agencies. What steps are being taken to make sure the agencies, FMS's and training vendors for C-DOS know that process is available so that potential employees are not turned away because they require an accommodation. And someone is going oh my gosh, I have to use EVV one, you cannot use it or I'm not going to hire you. What are we doing to make sure that does not happen? >> All provider agencies are currently required to abide by state and federal ADA guidelines. We are requiring that folks using those guidelines as currently stated, it is a requirement under their provider license with the department. So if there's any sort of employment circumstances where someone is not hired due to a disability, we would expect them to follow all of the current processes in place. Forgive me, Mark, I don't know these off of the top of my head. I would imagine it is contacting the provider agency or FMS vendor, and then go through the department to file any sort of ADA compliant. Again, I don't know the processes off the top of my head but we certainly don't want to discriminate against anybody.

Will then I asked that in both your provider information that you disseminate, as well as your provider trainings, you certainly point out to them that there is a process for accommodating people with disabilities who are seeking employment in the EVV system. Because I can tell you from the providers I have talked to about it, they think that EVV is hard and fast, that there are no exceptions or alterations.

Right. We certainly have communicated it before and we will get something in writing again, talking about how accommodations can be made.

Please note all current laws are in place under EVV, and we will make any necessary accommodations for folks required to use EVV if the technology does not work for them, or things like that. We will be looking at those on an individual basis.

I'm sorry to dominate but I have another question that is been brought to me regarding live in age and the certification process. That is if an aide falsely certified's if the FMS or agency does not catch it, or if they just did not know, who becomes financially liable for those funds which were paid out for that "live in aid "? Is the aid liable, client or employer liable, FMS or agency liable, who is the state going to go after for the recovery?

This kind of talk runs into that question from Matt earlier about liability with C-DOS which is unique as we all know. The department is working with legal to understand how the FMS vendor contracts. That is the client or AR functioning as the employer interacts with this process of the live-in caregiver. We will make sure with something and riding there. hang tight for information on C-DOS. When it comes to other agency based care, to live in form requires that agencies keep that form on file. If at any time the department comes to realize that the department -- form has been falsified or has incorrect information, the department would expect that

EVV take place for all of those services. If the EVV is not present for services for which it is required, the department does have the authority or will have the authority to do a post payment claims review process for those claims. Which would be against the provider agency. We do encourage provider agency to ensure that documentation is in order before determining live in caregiver exemptions. But hang tight because we will have information on that shortly.

Okay. I have 4 minutes left and does anybody else have any questions? >> This is Matt. I'm sorry, but really quick. You noted we would be receiving guidance because really there are two pieces to the living end, not only the form which is the beginning piece, but also the billing piece which is equally important. I think you said that some guidance, that we help for guidance today. That God's will be put out per the systematic requirements by the end of this month. Is there a chance that could come sooner or is that a drop-dead date or is there anything you can do that is kind of a general approach we are trying to take so that we can start reviewing and scoping out the level of effort it will take for vendors that want to participate with the limited caregiver exemption?

It would be helpful for all providers to choose to utilize that exemption, have it sooner than later. Like I said, we were hoping to have it today but it came down to a matter of days, missing the stakeholder meeting. We anticipate we will have something out sooner than later. I know the living caregiver exemption, should you choose to utilize it will not require changes to the alternate specifications for a third-party vendor or the state EVV solution. It will be within the billing aspect of your processes. Just know it should not impact your EVV system, per se.

We will have something out as soon as possible. We are unable to release anything until it is vetted through the appropriate testing faces.

Thank you, that is helpful but the FMS vendors are under a tighter crunch than the others on July 1st expectations. We have a little less time than other providers to make the appropriate systematic changes and it seems like a lot of these things are still in motion. We want to get that locked in as quickly as possible so we can make sure we are on target for the kind of quicker turnaround time than other providers in the state.

Yes, I understand that, and we were really something, I'm hoping this week, but it determines and depends on the testing processes.

We have about 2 minutes left. I think I made a mistake and did not put the next meeting on this presentation. If you would like to see what meetings are upcoming we have the stakeholder meeting next week for our member and caregiver subcommittee. We have repurposed that subcommittee away from the consumer direction to be inclusive of all members and all caregivers. That meeting is next Tuesday, April 28, 10:30 A.M. The information in call-in number is on our website and that is another virtual meeting only. If you have an agenda item for the general stakeholder meeting, or for the [Indiscernible] meeting, the department welcomes any feedback so please let us know if there are agenda items you would like for us to talk about. We are here to talk about what is useful to you, so please let us know through the EVV inbox at EVV@state.co.us.

This is Cheryl and I have two questions.

Hi, Cheryl.

My first question is on the virtual reality or phone system that the EVV is going to implement, how does the authorized rep verify the hours and visits?

For this one I think I will have to defer back to our C-DOS folks and this is Cheryl Dorsett, and we will reach out to get more information because I don't think I can answer that one off the top of my head.

My second question is on the EVV training for those of us stakeholders on the C-DOS program with the pandemic keeping us pretty much isolated and not in group meetings, etc., how will we go forward looking at hands-on training?

Again, I'm not quite sure on how we will approach that with C-DOS. I have Katie and Aaron on the line and we will reach out to provide more information on that. In case they don't have your contact information to reach out directly, please emailed that to the EVV inbox and we will make sure to get someone in contact with you.

Actually, John Barry has my information.

Perfect. We will get that sent over and have someone reach out.

Thank you.

That is the end of our section of the Q&A. I apologize if your question was not answered and we will stay open for a minute or two to wrap that up. Thank you all for joining us, and we will talk with you again next month.

Thank you, Lana.

>> [Event Concluded]