COLORADO
Department of Health Care Policy & Financing

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

Disclaimer: Below is the closed captioning dialogue captured during the EVV Stakeholder Meeting held on December 17, 2019. The spelling, names, and language may not accurately represent what was presented but rather what the Caption Colorado staff member heard through audio during the meeting. Should you have further questions or comments please email EVV@state.co.us.

>> Please standby for realtime captions.

Good morning, everybody. This is the Electronic Visit Verification General Stakeholder Meeting.
[Indiscernible - low - volume] thumbs-up? Okay, wonderful. Thank you for joining us today. We are, if anybody had a hard time finding us, we are on the seventh floor today. The sound is a little bit wonky. We are on a different floor. Those in the room, if you are speaking, notice there are a handful of these black speakers on the layout. That is what you can go into. If you are speaking and you are sitting near one of those and you are typing loudly, that will get picked up on the webinar. Please be conscious. [Pause]

Is that good?

Bear with me one second. We are making sure that the presentation is working.

Okay, wonderful. Already. So as always, our mission at the department is improving healthcare access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. For those in the room, the restrooms are right outside near the elevators. There are except the bull restrooms tucked around the corner if you make a hard left. We will do some introductions of staff at the department. Again, my name is Lana. I manage the waiver administration and compliance unit. The administration is for waivers. This falls within my team. And then we will start to my right.

[Indiscernible - low - volume] Fitzgerald. I am an eight.

I am John. I do state plan policies.

I am Jody Davis. I am a project coordinator.

I am Courtney [Indiscernible - low - volume].

I am David and I am with quality assurance.

[Indiscernible - low - volume]

[Indiscernible - low - volume] I am a policy advisor.

Do we have any staff on the phone who would like to introduce themselves?

I am phoning in but I am not staff.

Okay, yeah. We have quite a few folks on the webinar. We will not to introductions at this point. We have about 130 people introducing themselves. [Laughter]

Oh, that is a shame. [Laughter]

If anybody would like a list of who is on the webinar, we could probably track that down. I do not want to take up 20 minutes doing introductions. We do have it looks like 106 participants on the webinar. And then, in the room, I don't know, we have 25 folks in the room. We have good participation today. And then, just as a reminder, everybody on the phone has been muted to cut down on background noise. If you would like to speak, press star 6. That will unmute you. That would be in addition to any type of mute that you have on your own phone. If you press the mute button on your cell phone, also press star 6. Please do that if you would like to speak.

So the purpose of the stakeholder meeting is to engage providers, members, and other stakeholders as the department works to implement letter EVV for community-based services through both state plan and waivers. Specifically, we will review EVV. We will review the legislative mandate and the scope of the limitation and Colorado. We will discuss project updates and provide a platform to gather stakeholder feedback. In this meeting, we mask that you mind your E manners. Identify yourself when speaking. Share the air. Listen for understanding. Stay solution and scope focused. Our agenda for today is we went over introductions. We will do a brief overview of EVV as we always do. We have some guests in the room. They will talk about their experience. This will be about them being providers implementing EVV. We will talk about how billing and EVV work together. We will go over the timeline. We will discuss the call-center report. We will deal with department analytics and then we will do up dates at the end of the presentation. So for folks new to EVV, I am learning every day that we have folks new to EVV.

For those who have been in the stakeholder meeting for quite some time, again, this is a refresher. We will go over what electronic verification is. EVV, the technology solution which verifies information through the mobile application, telephone or web-based portals. EVV is used to ensure that Homer community-based services are delivered to people needing those services by documenting the precise time service begins and end. We are required to implement, because of section 12 0 0 6 of the 21st century cures act, states that do not implement EVV will see a reduction in federal funding. The department will implement EVV. This is for all state-mandated services the summer of 2020. We will go over this a little bit more regarding the timeline. We want to capture six points of data. Those are required by the federal government. Deals with the type of service performed. It deals with the individual receiving the service. It deals with the date of the service, the location of service delivery, individual providing the service, and the time the service begins and ends.

Which types of services required EVV? EVV is required for select fee-for-service, state plan and letter HCBS waiver services. Services that are except did our per diem services, managed care, program for all-inclusive care for the elderly, and other capitated services. Specifically, the services which require EVV in Colorado are personal-care, pediatric personal care, home health. This includes RN, LPN, CNA, PT, OT, SL letter E, private duty nursing, hospice, homemaker, respite when provided in the home or the community, consumer directed attendant support services, in-home support services and independent living skills training. It also includes 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 durable medical equipment. If you are looking at this list of services and you still have questions, whether or not your services need to complete EVV, on our website under resources, there is a code list. It has hundreds of codes that are required in EVV. You spot check the code that you are billing for. You deal with the revenue code that you submit to Medicaid for reimbursement. Compare those to the list of services that are required on the website. You will see personal-care on that list. You will know that you are billing for [Indiscernible - low - volume]. That is a great way to ensure that you are collect thing EVV [Indiscernible - low - volume].

For Colorado, we have grouped our services for the purposes of EVV. That code list that you will find on the website is very very long. There are a lot of codes, people buy a lot of services in Colorado. That includes the different waiver services, different provision of services like relatives versus nonrelative services, instead of having a caregiver clock in and clock out for 200 services, we have grouped our service categories. In the application or telephone when you called to do EVV, the caregiver will collect [Indiscernible - low - volume]

instead of [Indiscernible - low - volume]. We will save a lot of time for caregivers is growing through many services. On the slide right here, slide 12, this is the list of listings that you will see in the state EVV solutions. These codes mean that you need to be utilizing them for alternate provider choices.

How does EVV impact service location? It does not. Services can happen in the home or in the community. EVV does not disrupt the flexibility of service location. If you are currently receiving your services at work, or in the community, your church, wherever you are, you simply collect EVV where the service provision takes place. EVV does not restrict where services may take place. Facility based services are exempt from EVV unless otherwise noted. There are very few exceptions to the rule. For example, if you are providing occupational therapy in a clinic, that would not require EVV. If you are providing occupational therapy in the home, it would. Refer to the list on the website under resources for all of that information. So Colorado has selected a vendor that will provide solutions. We also allow providers to seek alternative EVV solutions in contrast with the provider tool system.

We call this the hybrid model. You might hear about it as the open model. This means that you can choose a state EVV solution free of charge or you can choose to use a different EVV solution as long as it meets [Indiscernible - low - volume]. Providers choosing to use alternate vendors must ensure that their system is configured to Colorado EVV rules and requirements. The provider choice systems must connect to the data aggregator as part of the interface process. Training is required for both state EVV solution and provider choice EVV systems. Once you complete the training, that is when you get the login. You need to make sure that you complete your training. The state EVV solution has three primary technologies. There is the mobile application. There is the telephone and it is provided by portal. The mobile app and the telephone are the primary methods for which an attendant will collect EVV. This will happen in the community. The provider web portal, that is the agency using it to make edits to services or if an independent forgot to clock in and out, you can manually enter a visit there. There is key terminologies. The state EVV solution is the state system available to providers at no cost. The provider choice system is the EVV system procured, purchased, and used by a provider. The alternate vendor will be the vendor who manages a provider choice system. Then there is the data aggregator. This is where the provider choice systems must submit EVV data to the state solution.

So let me back up real quick. Are there any questions on general EVV before we move on to the next agenda topic?

This is Mike on the phone.

Hi Mike.

Have we addressed the in-home provider questions on how they are supposed to log in and out while they are performing services for the person that they are living with?

Colorado will not mandate the use of EVV for live-in caregivers. I removed those slides from the presentation this month. We have had a handful of clients previously. Just to go over it a little bit more, Colorado will not require the use of EVV for live-in caregivers. However, providers may make the business choice to collect EVV for live-in care givers if they so choose. The department is currently working on systems and policy solutions for what that will actually look like. How will the exemption be operationalized? This will be through state EVV solutions. We will update stakeholders when we have more information on that.

Very good, thank you.

The reimbursement will be on that?

The question was how the reimbursement changing for that will happen. Reimbursement will not change for live-in caregivers. What we are trying to do is advance live in caregivers from the state EVV solution. We make that available to providers if they choose. We do not know how that will work. We are working with the

system to come up with a solution. We will keep you informed on that. Payment for those services and how much reimbursement a provider agency will receive for the services has changed.

This is Denise on the telephone.

Hi Denise.

So it is an option for clients to change providers for live-in caregivers if the provider requires the EVV and you can switch to a different provider in the state that does not require EVV, correct?

Yes, absolutely. We are hearing that by and large, arc provider community is choosing to exempt live in caregivers. We have a survey out right now. I have preliminary results. I will give full results next month. We are seeing 80% of provider agencies planning to exempt live in caregivers. A few do not know what they are doing. If you are going to acquire it, if a client or caregiver is currently working with an agency that will require a live-in caregiver to use EVV; it is within the client's choice or the caregiver's choice to switch to EVV.

Thank you.

They will have to prove tax, right? I mean like a timesheet, those will have to be something even if they do not punch in and out. The state requires some kind of record that something was completed.

The question is about what other information needs to be collected. Any information that is currently surveyed by our partners at public health and environment including a service plan or a cash [Indiscernible - low - volume], anything you are currently providing or collect and, these still need to be collected. The conversation here is strictly around, are we requiring this new electronic verification requirement on live in caregivers. Anything else before we move on? Okay, all right. We are going to move on to the next item on the agenda. We have providers who join us in the room. They will talk a little bit about their experience with EVV. We reached out to a handful of providers, either those who the department knows have been actively engaged in EVV, you will recognize faces that have been at the stakeholder meeting every month for a few years. Both providers who we know are using EVV actively processing their EVV correctly are here. We have Goldstar learning options here. They will talk about their implementation of EVV. They will give a lay of the land of how it is working for them. We are hearing from providers that a lot of folks do not know how to get started. We are hoping that this writer experience will provide some time and insight to you all. We have Rachel and Katie who are here. I am going to try to move the microphone because we might hear some background noise. I will let them go ahead and introduce themselves a little bit more. I can get it here so you guys might have to speak up.

Hello, I am Katie. We are an enrollment company. We provide lifespan services for individuals with developmental and intellectual disabilities. This is lifespan from infancy to adulthood, covering all of the transitions in between. I will let Rachel go through the staff. She can talk about who we hire. That will go into the services we offer.

We have about 83 employees. We have like 10 or five 1099 employees. We have about 18 family recruited employees. The services we provide are non-practitioner, nonphysician practitioner. We do [Indiscernible - low - volume]. We deal with behavior through Medicaid and we deal with the waivers such as letter see letter a letter S, the DV waiver, [Indiscernible - low - volume]. We provide waivers [Indiscernible - low - volume]. That is a little bit about us.

Our closed captioning folks, they are having a hard time [Indiscernible - low - volume].

Yes, a little bit if you do not mind. I am wondering why I am always yelling at you. I know that some people cannot hear.

Through the non-physician practitioner and other services, we have been really involved in the EVV process. We do provide a lot of services, they are community-based from Castlerock to [Indiscernible - low - volume]. We have a wide span of [Indiscernible - low - volume] that we provide. We provide in-home, clinic-based and community-based services. Looking at the majority of services that we have, and seeing how we can tie in EVV, we really have to die in and start with policies and procedures on how we are going to start doing that. So we have decided to go into the provider choice system. This is to integrate into our current system that we utilize. It pairs together our billing table system. It has been really effective for the last two years. We are really making sure that we clock in and top out in the data collection system. All of our services are standardized. We wanted to continue to use that for our employees, for the ease of employee use and reduce the frustration level for the employees that are required to do so. So with this, we have had [Indiscernible - low - volume] take on new technology. This helps the integration process. We are really looking at decreasing the stress level of employees. That was our biggest concern. We are making sure that employees have [Indiscernible - low - volume] in our application of this. It is not going to be [Indiscernible - low - volume]. We are going to try to mitigate all of that with the different technology solutions that we have replaced over the last year.

One of the technologies we put into place to is called catalyst. We have been using catalyst since this summer. Especially since we got the [Indiscernible - low - volume], that we also sent to web EB letter a. We are starting to go with the aggregator. We want to get that figured out. We are using catalyst as the point to have like the clocking in and out for staff. We have been creating policies around that and having staff use catalyst. This goes into web EB letter a. This will be linked to the aggregator cloud that I envision. That is what we are using. We currently have been dealing with a lot of our policies from 2019. [Indiscernible - low - volume] we hear about accountability for staff about the clocking in and out and the deadline for a timesheet. We want to know regarding the documentation. We have been changing our systems to have every person input their schedule so that they can render it immediately and have that, the clocking in and out peace with EVV. We have been looking at different policies. I know a big concern that I have heard at a lot of these meetings is always making staff use their cell phones for clocking in and out. You know, whether it is the calling, the logging on, all of these different moving pieces, we have been addressing this through looking at the budget and possibly doing a cell phone reimbursement. We are looking at that and how viable a force that is for every employee we have. We have 83. I think looking at that, we are going to continue that conversation as we go into the summer. We also have been revamping our orientation process which deals with new hires and the employees. This tells a little bit about EVV. It is coming down the pike so quickly. [Indiscernible - low - volume] we are dealing with clocking in and out with the catalyst and the EBA. This is being used in the process of onboarding to go into more detail about the technology. [Pause]

Through our training that we have been offering, we have been trickling in at each of our development days and our large group training. We have been trickling and a lot of the accountability peace. That is a really big place to start from a lot of companies. Just starting to mention some of the terminology [Indiscernible - low - volume] with employees. We are answering those questions and really being open and upfront with any questions about you know, does that mean that they are going to watch everything I do during my session. We have put in a lot of criteria for how our employees need to collect data and the things that we require. We have a lot of accountability for our staff. We have a lot of standardized things that they have to be hitting in their notes and documentation. This makes sure that they are following what Medicaid and other services are looking for in those services. By beefing up some of our orientation and also promoting some of our [Indiscernible - low - volume] within to help with scheduling, all of our staff members need to call our scheduler to change the schedule if they need to reschedule one of their clients or if they need to go out into the community or not. That way, they do not have the control of having anything that could go against the threshold. Everything is going to start internally so that we can really help mitigate the process for the employee. We do not want to stress them out to inhibit them [Indiscernible - low - volume].

Yes, that is a good overview. [Laughter]

This was in a nutshell.

I am familiar with catalyst as a data collection system. How do you do that for clocking in and out?

We have been able to work with web EBA and catalyst. When they are in catalyst, the data is being sent to web EBA. This is sending it to the aggregator.

It is [Indiscernible - low - volume]. We do it with catalyst. They are talking to each other. Catalyst is less [Indiscernible - low - volume].

You might be able to reach out to catalyst. I know that they do collect [Indiscernible - low - volume].

[Indiscernible - low - volume]

We do with our family recruited employees. Some grandfathers and aunts and uncles provide care regarding respite care. We require letter EVV data collection. We do not at this time have any residential services.

So you require the live in's to clock in?

Yes, they are providing the respite or the home aide services. This is part of the EVV. We do have to have them in EVV.

You do not have to. The billing and the payroll is tied to it by the hours. [Indiscernible - low - volume]

We use these on-site and some in the community. How are you going to manage that?

Working with our internal processes and at the scheduling team, how you render services, people have to schedule. It is supposed to be a partial community connector and partial behavior. They will have to render each one and clock in and out to develop what pertains to the service. That is going to be a little bit of a frustration for staff. Us doing that preemptively with the scheduling, they just have to push their buttons to render their service and enter their data as usual.

Got it. So basically [Indiscernible - low - volume].

Like you know, the letter EPA captures it in the community.

We thought for consistency for our staff, rather than just trying to figure out, what are we doing and what are we not doing, this could be frustrating. [Laughter]

Just a follow-up to that. You are using scheduling to [Indiscernible - low - volume] the services.

Yes.

The service grouping [Indiscernible - low - volume]. This is every time one of the employees pulls up with a client, they do select [Indiscernible - low - volume].

Yes.

That is why we need the clock in and clock out services.

My final question is, you do not have any services with travel time? I am assuming this.

We have time in between clients.

I am not talking about the [Indiscernible - low - volume]. I am talking about available travel time.

That is one element that we are still diving into. We are looking for some of those answers. Once we start interfacing and actually working with the data aggregator, we are going to have to collect the data points to see what the available services are and how that is collecting data.

Are you referencing mileage?

Some of our services like our EVV waivers, currently, they permit providers to bill for travel time. The other waivers, that is not an option.

Right. Right.

That is why I was confused as to your question.

Folks on the phone, we are having question and answer time. Feel free to ask questions. Press star 6 to unmute herself.

[Silence] [Captioner Standing By]

Are you providing supplemental training materials? I know you spoke about this a little bit. Can you talk about how you are ensuring that your caregivers have the right training? Are you providing pocket cards to take with them? How are you making sure that you know?

We are going to send all of our employees through another orientation. We have integrated some Microsoft business essentials. This is another piece of technology that we started with our employees. We moved everything into a group communication so that everybody has access to documents at one time. We share and create access for specific groups of people. If we do have our family recruited employee, then they will have a group of documentation that they will be able to have as well as our staff and the different teams that they are on to ask questions. As long as we keep an open communication, I think we have had a pretty good response from our staff in implementing all of these things.

Yes, I am sorry. [Indiscernible - low - volume] what are you doing if anything with location? So I clock in your system, this captures the data point. Are you doing anything to ensure that it is the right data point? Are you and the client's home? You know, I know you are providing services to the community. I am just curious how you are handling this.

Yes, the web AV letter a, we have been working very closely with the developers in the web. We have part of the filesystem that we have with in ABA deals with entering the data with each participant and each client for their home address and all of that. When we do have community-based services put in the services, that is going to be in different places. We handle that internally in the scheduling system.

Let's talk about the home specifically. Let's say home addresses are there. Somebody clocks in but it is not from the home address. My first question would be, does your system allow it to clock in? Does it?

Yes. And we would keep that on the back end as one of the errors. That would be something that we would have to manually fix inside. That also alerts us to why weren't you in the home. What was going on? And so, I am sorry. A lot of this is trying to help the process of where the employees are and where they are being scheduled. This is a very finite process with the scheduling.

The catalyst that we are using regarding web EBA. When they get to the client's home and they clock in, it is automatically on the GPS so we know that they are actually at the home.

If it is on the schedule and those two do not match that is when we see the error. In Web ABA, we see what service has been provided. Catalyst is just logging in to capture those points. We automatically save Monica logged in and her schedule matches [Indiscernible - low - volume].

So if it does not match, you need to fix that before I can go on to the aggregator or --?

They will not link.

Yes, if it kicks back as an error it will not link.

We need to fix that.

So will the person at the rotation have to fix it? Or does it come back to you guys? When it is location, let's say for some reason my phone gets on to somebody's Wi-Fi a block and a half away or something like that. Will it show me that I am not at that location at the time I clocked in? Is it that type of situation? Is there like a bubble area for the location or is it specifically that address?

So far I feel like we are at a bubble. I am working with catalyst [Indiscernible - low - volume]. We will deal with location range. We are still kind of working on that. Went it says not connected, I go in and make the edit.

It is still taking the data though?

Yes.

This somebody on the telephone have a question?

Yes, Mike is on the telephone. You talked about having to have that phone being at a location, what if your employee is running an errand for you that is 25 miles away from your house? How is that registered?

Well, something like that would have to go through the scheduling. Part of our policies and procedures have a certain location range that we can provide services because internally we do pay for mileage. Those are not billable services within the services that we offer. So that needs to go through scheduling. If you are running errands for someone, it has to be regarding a service that you are doing, a purposeful service.

Yes, if you are going to get medication or something like that. I am in a situation where I live 35 miles outside of town. So I do not have the ability to just, and I cannot drive. I cannot just have somebody you know, buzz around the corner to a Walgreens to pick something up. That is one of those issues that does not fit any situation that I am in. And I require or I need an employee to be able to do certain things like that that would be well away from my actual point of contact.

Yeah, that is actually really interesting. I have brought up some of those confusing gray areas also. Once we start interfacing and getting our data collected with that aggregator, then working with the Department here to kind of make backwards changes and what that looks like it, we have to be pulling in data to be see where the fault is. There might not be an error that comes in. Those errands might not be an issue. In order for us to start identifying where those gray areas are and how to put in place different policies, and procedures and how it will be billed and clocked; we are going to start collecting that data. That is an answer I do not 100% have at this point. We are working closely with the department for when we do start collecting the data and how we fix it.

I have one other --

I have a reminder --

Go ahead Mike.

Like I say, I have one other follow-up question with this whole thing. What about the safety of the employees since the great majority of my employees in this situation are females, having a GPS tracking system on their telephone is not something most of them are comfortable with? Is there any alternative system being considered to be put into place so that I do not have employees that are uncomfortable being tracked where they are at?

I can answer about. I had a couple of employees that did not want the GPS system on their telephone. It only, it only works when they are using the app. It only works when they punch in and out. It does not follow them the whole time when they go to the grocery store when they leave. It is not like that. It is only during the time that they are punching in and punching out.

That is the same for us as well.

This is a quick snapshot.

It is like walking in and out of the office. You are punching in on the telephone and it is collecting data.

Even from a department perspective, we will not indicate any continual location information. Our data aggregator and our systems will not have the capability to take that snapshot went and attended clocks in. The snapshot of location limits [Indiscernible - low - volume]. We have no way to capture and maintain the information at the department. Our expectation is that provider choice systems will also [Indiscernible - low - volume].

How long do you keep the data for?

That is an excellent question. I do not know. Let me look into that. I will get back to you. I am sure that if we had somebody from our systems team., We would be able to answer that. I do not not want to give you the wrong answer. We will get that information back to you. [Laughter] we will probably put it on the website. And then, this is a quick reminder. Mike, you asked a question about services taking place when they are not with the client. So, you currently receive [Indiscernible - low - volume] the same services that will be offered. Of the service provision under EVV does not restrict where services take place. If it is currently permitted for your caregiver to go to the store, maybe they need to fill a prescription and go shopping and come home. That is permitted within the department rules and regulations.

Okay, thank you.

This is Cheryl on the telephone.

Hello, go ahead.

I am a stakeholder for my son who is on the brain injury waiver. I have a question as to how the authorized reps position plays into this EVV system.

Sure. I am going to go ahead and move this back. This is a good opportunity to transition. For consumer directed services, you have an authorized representative whose role will maintain as it currently does. They will still verify services when required. They will complete all of the authorized representative duties as currently required by the vendor. That I do not believe would change. Let me know if I am missing your question.

Okay. Well, presently they sign off on all of our timesheets as well as all of the other roles that they play.

They would still currently sign off on timesheets.

How will they do that on a EVV system?

I think that you would really need to circle back with your FMS vendor. Each vendor has chosen to utilize a provider choice system. We do not currently have details on how each of the FMS systems will function and how EVV will integrate with current time she processes or coma not integrate. We do not really know. I would refer you back to your SMS vendor to ask details about how that works.

Okay, I will do that. I have a secondary question as well due to the fluidity of a brain injured person's daily activities. This deals with how we are going to function within the EVV system. It is very challenging and difficult to measure a brain injured person's timelines. They do not operate on time. So, if you have any suggestions for me to make this not so complicated or [Pause] as the word I heard earlier, kind of a shock and awe kind of experience for not just myself as a family member but also our caregivers. Anything you might have to address that would be very very helpful.

Sure. I think that it really depends on what sort of services are being provided. If the caregivers are live in caregivers, there is the possibility that the vendor might choose to exempt live in caregivers. Where as, EVV will not be required. If EVV is required, if they are visiting caregivers or the vendor chooses to collect EVV for the live-in caregiver, think about collecting EVV when service begins and when it ends. If you are providing care in a chunk of time, you would clock in at the beginning of that chunk and clock out at the end. This is a little bit challenging for folks to implement because of the nature of the fluidity of the program.

Yes.

Unfortunately, the federal climate does require a clock in at the beginning of service and a clock out at the end of service. If you have questions, I would again refer you back to your vendor or we can give you to some of our folks here at the department if you have more specific questions on how that works.

I brought that up to the FMS. They said they are in the inquiry stages of that. It is not questionable with regard to live in family caregiver in my son's scenario. With other caregivers that function within the fluidity of kids, traumatic brain injury and medical interruptions; it is not so easy. It is a bit more complicated with this EVV system. He is medically fragile.

Yes, definitely, I understand your perspective. I understand also that your vendor has not maybe made those decisions yet. They might not be ready to provide guidance on that. I would expect that the vendor will be able to provide some more solidified guidance on that. As we get a little bit closer as to when EVV is required and you do not have answers, reach out to the department and we will help you facilitate.

It is it a guaranteed start date this summer of 2020?

I will go into the timeline a little bit later in the presentation. That is the current timeline.

Okay, thank you.

Okay, now would be a good time to transition. Thank you so much to Rachel, Katie, and the other staff who joined. I never even caught your name. What are your names?

Randy and Monica.

Randy and Monica, Rachel, Katie, thank you for joining us today. We really appreciate your perspective. It sounds like from the questions around the room and on the telephone, a lot of other people found that valuable as well. We really appreciate that. If there are other providers in the room or on the telephone who would like to be a guest speaker at one of these stakeholder meetings, we welcome to hear your experience. Just reach out to the inbox. We will work to get something set up. We hope to kind of have that. The standing agenda items and stakeholders, [Indiscernible - low - volume]. Okay. Moving on. We are going to talk about EVV and billing. We get a lot of questions in the EVV inbox about billing. This is understandable. We have not

provided really clear and direct guidance on this. We are not there yet. I wanted to give you guys a little bit of the lay of the land regarding how EVV and billing will interact with each other. I want to answer some of your frequently asked questions. On slide, where are we? We are on slide 18. These are the frequently asked questions. Does EVV change the way the providers bill? How will EVV impact claims processing? What is a claim at it? And when will claims require EVV to pay? So these next slide I am hoping will get the answers to these questions. [Pause] does EVV change the way the providers bill? We will still bill in your provider portal as you currently do. What changes is that well, let me just follow my slide here. [Laughter] so the caregiver provide services using EVV. They will collect that data. Separately, the provider will bill in the provider portal as normal.

That is only for the state EVV.

This is for the state. Well --

[Indiscernible - low - volume] they will be quite distant.

Thank you Alex. If you are currently utilizing a billing agent or a third-party vendor to help you with your billing, this will look different. This is for a traditional billing model so that you have information that goes to the vendor and the portal. You go in and permit claims within the provider portal. If you are utilizing any sort of other processes that are outside the traditional department process, your billing might look a little bit different. Okay. So the change regarding the way providers bill, you will still bill [Indiscernible - low - volume]. Step one, the claim will process as usual. You will bill within the DXE provider portal. The claim will process as usual. This will include a verification against existing claimants. An example of an existing claim that it will be looking for a part. If prior authorization is provided for the service you are billing for, currently, within the system, if you bill for a service. We will check. Is there a PAR? Are there units on the PAR? Another claim at it would be looking for sign eligibility. Is the client eligible for Medicaid? If you get a yes to those answers, you will proceed to the next step. If you say yes to all of her current claimant processes, as usual, you will get paid and if there is missing information for example, [Indiscernible - low - volume] on a PAR, the client is not eligible, the claim will be denied. That is how it currently works.

Does this claim require and EVV visit? You will go through all of the current claim edits. Make it through that. Then the EVV claim at it is the last in line. We will look at the code build on the claim line. We will cross reference it with the EVV code list. That is that big code list that I have been referring to that is on the EVV webpage on the resources section. It will say does this code require EVV. Is it on this list? This slide looks a little comp located. I promise it is simple. Is the code on the EVV list? If it is, yes, then it requires EVV to process. Does the claim have a EVV record? If it requires EVV, is EVV present? Yes, everything else is good under the current claim processing. If this is accurate, the claimant will pay. Does the claim have a EVV record? If no, the claim will hit the claim at it. This is EOB 3054. It will say missing EVV. If the claim is not on the code list, then he will go through all of the current processes that your claim currently goes through. If everything is okay outside of EVV, it will pay. This is the process that will be in place once we tie EVV to claims. Right now, this process is in place. It is not impacting your ability to get paid. A provider, if you look on your remittance advice, you will see claim lines. If you are not currently using EVV, you will have the claim at it. It will stay error. It will stay error 30 54. That means once EVV is mandated, that claim is going to fall under this EVV requirement frame. It is subject to denial if you do not have corresponding EVV records. This soft launch period that we are in right now is an opportunity to understand how this process works. The know that if you are seeing these 3054 is on the claim line, you are still getting paid, no problem. Once we mandate EVV and we tie it to a prepayment review process which we will talk about a little bit later what the timeline for that is; those claims are subject to denial. So I know that I went over a lot. There is a lot of hands shooting up in the room. We will go in the back.

Assuming that EVV is there and approved, will it take us longer to get paid?

Does EVV impact the timeline? It does not. It is still very fast. The claim edit process is electronic. Alex.

In Goldstar's example, they would say it is aggregated data that would include a code that is on the EVV list but potentially it is not a record if they choose not to verify. How is that going to be addressed? Let's go away from Goldstar. [Indiscernible - low - volume] this code on the EVV list yes or no? Let's say it is yes. It is personal care for 11. [Indiscernible - low - volume] not to verify. There is no EVV record. How will the aggregator know that this is a claim that should be paid?

Excellent question. The primary purpose for Colorado delaying the entire EVV implementation is to answer that question. We know how the claim edit will work. How I have described it here, the department worked with our MMI vendor to develop this process. We want to make sure the EVV and it works with plenty of time to hit go live and mandate of this year. When the federal government permitted states to exempt live-in caregivers, they caught us for a loop. We did not have that solution built into our claim edit. So we have delayed the mandate for the sole purpose of figuring out how that works in our claim edit. We will have more information for providers and stakeholders soon on that. Right now, we are working through how that will work.

This is holding up implementation for some agencies who will potentially have, you know, additional cost affects. I do not know, put an extra flag into this. Then you will know that this is a live-in.

Yes, we are doing our best to come up with a solution that is edits least burdensome as possible. This will not affect any EBA system built. We are not intending to change provider specifications. If you build your system to the current specifications on our website, that will not be impacted with a live-in caregiver exemption.

How does that communicate to somebody who chooses to use their third-party choice system to include live-in caregivers so that they are linked to billing and payroll and chooses not to EVV them? You will have a claim that needs to look different from a regular claim. I do not really know how we would ever really achieve that without having to change the system.

I am hoping that we have a pleasant surprise for you. We have come up with something that will work.

I have the same question as Alex. My family caregivers do not live with the family members. They are still [Indiscernible - low - volume].

We certainly understand that. That is the reason that when we give you timelines for the mandate, we say tentative. Everything within the Colorado implementation and when we mandate EVV is reliant on when we have a solution for live-in caregivers. We work very hard on that. It takes time. Like I said, we have asked for the grace of a delay for this primary purpose. We will let you all know what the solution is. I hope that it will work for everybody. Are there any other questions on how billing and a EVV interact?

[Silence] [Captioner Standing By]

Okay, thank you for listening. Thank you for sitting with me as we went through these slides. We will give you are all more updates we have them. I am going to go through the timeline really quick. It is going to talk about when the claim edit will go into effect.

I would like to add another question. [Indiscernible - low - volume] the third party may be different.

This logic applies to all. So, starting here at this slide, starting, I guess at this one. This first slide, the first slide is right here. This first slide right here may or may not apply to you if you use a billing agent. All of the subsequent slides is what happens once your claim is already in the DXE system.

I batch Bill.

Okay. So starting with step one, this is all internal. This is when a provider has already submit go on the claim. However you submit a claim, this is all in the MIS system. This is all internal starting with step one about how it looks for a distinct claim edit. Step two, is it's going to require EVV? It is going to cross-reference the

internal code list built into the interchange system. This step, it is going to look to see if it requires a EVV. All of this is internal after you have already had submit.

You know the first step is not going to be check if this is a live in a client or not.

I do not know the answer to that and we will have more information.

Okay, what we are seeing on our end, Rachel has been scrutinizing our billing list. When we start seeing those error codes, internally, that is where we have built and a lot of the processes. At this point, with the family caregiver, I know that will provide different services. What we are seeing is that by controlling a lot of it with in our policy and procedures, within our own agency and instructing our employees how to do that; what we are seeing as we submit billing and when we see those error codes come through on the remittance report, then you can see where some of those errors are right now without sending it to the [Indiscernible - low - volume]. You can start looking at these.

The [Indiscernible - low - volume] might be different. You are requiring your live in to clock in. Your case, when everything else is correct, you actually have a matching EVV record for 11. You do not exempt them. You do not have the problem. A lot of EVV agents choose to exempt live-in caregivers. This is 80%. We will have a case where we have a service where this is required and we do not have a EVV record. We do not have any technical specifications on how to deal with that. You know, I would argue that the case is slightly different from yours because you are requiring it. You will end up with a EVV record. You do not have a system problem.

Are all of your employees live in?

No. We have over 400 clients. We have 100 or 70 live in's. We kind of have to exempt them. They would leave otherwise. This is too big of a group that I can say that I am just going to run separate payroll or billing for them. It is just not feasible.

Could there be a provider code modification? Maybe adding the letter E at the end of the family caregiver so that the system would recognize, yes it is personal care service. It is exempt. And then, maybe on your end, you could have somebody spot-check all of these codes that have been marked as exempt to see if they really are live-in caregivers. The system would then automatically note that it is an exempt code and not hold to the same standard.

Right. Currently, currently our plan is to have an indicator on the claim line. We go back to this slide here. The code is build on the claim line. We are hoping that there is an indicator on the claim line, somehow, again we will let you know when we have a solution. This will indicate if it is a live-in caregiver. That claim will function differently within this yes or no scenario.

If we are using a third party&

I think what it would be best to do, I want to provide this information as soon as possible for people. I provided it knowing that we would have all of these live-in caregiver questions. We do not have answers to them. I think that we can either not discuss this information or, we can discuss it with what we know now and provide an update later. I have hypotheticals around the live-in caregiver will work. We cannot talk about it right now. We will have an update soon, hopefully by the next stakeholder meeting or the following stakeholder meeting. Until then, this is the current claim edit. This is what was built prior to the August informational [Indiscernible - low - volume]. This is when [Indiscernible - low - volume] permitted us to deal with individual caregivers. We delayed to come up with a solution and re-create the claim edit. I would ask if we can give you guys information at a later date. I promise we will have information. I can only give you what we have, we have been getting a lot of questions on it.

John, as long as you do not reopen& [Laughter]

I hear what you are saying but I would like to simplify. I think this will help simplify it. This is John with the department. Thank you so much.

[Laughter]

I am the guy who is typing on the Q & A all the time. There are some, there are a little bit of misconceptions if I have a third party biller and it is coming across as a batch. That is still going to be following this thing. As I was listening to what you said, you were talking past us. Everything that comes to the department comes across as a claim. If it comes across as bills come to the department currently, then the system will work. More information will be coming out with that. Everything that is in your package on the presentation online, etc. it is accurate. It will work if it is interfacing the system. If you are able to build the department, the solution will work.

Thank you John.

Since we only have 20 minutes left, I am going to go ahead and move on. If you guys have more questions, reach out to the inbox. The folks in the room are the people who answer the inbox. They know what conversation we are currently having. We will be able to pick up on it where we left off. Okay. So this is the roadmap. This is where we have been and where we are going. You have seen this slide a lot, let's move on.

So let's talk about the soft launch. Right now, that claim edit process that we are talking about is currently happening on the backend. Like I said, you will see it in your remittance advice. Because we are in this soft launch period, it means the claims are not denying. EVV is not mandated. When they talk about soft launch, what exactly does it mean? It means that the state EVV solution and the data aggregator or provider choice systems are available for use. That is why you are seeing these remittance advice coatings. That is why we have the data that we will present later on in this presentation. Providers need to begin to collect EVV and transmit data to the department. The soft launch is an opportunity to familiarize providers with EVV prior to claims integration. Claims will to continue to pay and EVV errors will appear on the RA. This is kind of like how Goldstar is reviewing the RA. They are saying what claims would meet these errors for. EVV was mandated right now. That is a good tool for providers to utilize hers to know if EVV is working.

How far do we have to go in the implementation process? It is also an opportunity for caregivers to practice the use of EVV. If they forget to clock in and clock out, 50% of the time right now, that is no problem. This is a good learning opportunity. This helps the department identify and development. If something is not working and you are confused, let us know. Chances are that another provider or another caregiver is confused about the same topic. We really strongly encourage providers to participate in the soft launch. This provides very valuable information to the department. The only way that we can tell if things are working on the background, in real life is to see your claims coming through. We look at your data. If the claim edit working? How is it going? This is the only way that we can really be sure that what we have developed and what we have built is working. We really appreciate those who have started providing data within the soft launch. We have a Colorado limitation timeline. On September 18 of last year, we had our good faith effort exemption request approved by CMS. That permitted us to not go live on January 1 of this year. Hooray for that. On October 1 of last year, that is when the soft launch began.

That is when the state EVV solution and the data aggregator became live and available for use. You could begin using both of the systems in October. From October until we mandate EVV which we anticipate will be summer of 2020, we are in this soft launch period. This is an opportunity to try the system out. In the summer of 2020, we anticipate mandating EVV. The marker which will mandate EVV is when the Colorado code of regulation role passes. Within that process, there will be opportunity for stakeholders to give feedback and engage. We have another process which is required of the medical services board process. We will let you guys know the information around that when the time comes. And then, in late 2020 20 or by January 1 of 2021, prepayment claims review will take place. This means that claims will have a corresponding EVV. The claims processing roadmap that we talked about earlier, right now, all of that is set to [Indiscernible - low -

volume]. If you are missing a EVV claim, it will pay. If your RA says you need EVV, it will still pay. In 2020 or by January first of 2021 at the latest, part of the CMS mandate, claims will be in a prepayment review process. This means that a year from now, if you are not utilizing EVV, claims are subject to denial. In January 2020, it is a year away, I am really hoping that we can get there. If there is something else that you all need to get there, let the department know. The visual of the same timeline is here. We are currently exploring live in caregiver solutions. We are currently exploring live in caregiver solutions and implementing those solutions up until we mandate EVV. We will give you guys information on that when we have some more details. Okay. That is the timeline. We still have a few more slides left. Does anybody have any questions specific to the EVV timeline?

This is a Cheryl. I have a question.

Hi Cheryl on the telephone.

So, John Barry said this is my first time calling in for the EVV system. My son has been medically fragile for the last three months going forward. He is still fragile. I want to be involved with this. I do not to computers. He suggested that I talk to you and have you put me on a snail mail list to keep me updated.

Yes, that sounds great.

So we do not have to blast your personal information on this webinar. Be Mac right.

If John has your telephone number, I can reach out to you.

Okay.

He has my number.

We will get you on the snail mail list.

I appreciate that, thank you so much.

Sure, no problem. All right, does anybody have any questions specific to the limitation timeline?

Hello, this is Tyler on the phone, can you hear me?

Hello Tyler, go ahead.

Hello, so, I have an agency. I am not going to get into the whole live in meth again. We are going to opt are live in's out with the exemption. For our non-live in's, I would like to start testing during the soft launch. I just want to clarify, is there any problem with having only some of our employees working through the state system for the soft launch?

That is a great question Tyler. Know, there are no problems. If you would like to only have some of your employees in the system during the soft launch, that is okay. I will caveat it just a tad bit. If you are utilizing the SAM data solution and you would like the data to help you populate your caregivers and you are members, they do that in a one foul sloop. This is through the state EVV solutions. As soon as you start using the solution, the state EBV solution and you want to help populate your caregivers instead of manual entry; they do that all at the same time. If you want to manually enter your providers and caregivers error if you are using a provider choice system, you can choose to implement. You can choose to enter whoever you would like in the system at this time. For the purposes of the soft launch, no problem. Get in the folks that you would like to. If there is a early adopter Eiger agency that would be good to help work out the kinks, that is totally fine.

Okay.

Pardon me?

I am sorry, I do not know who that was. Yes, I only have a few that are not live in, like 95% of our population is live in. So obviously, the non-live in's are going to be required to do this. We are currently using an outside system that is running into a problem as well. They are integrative with data. They do not have a way to mandate that only certain employees clock in and clock out. It is either a global setting with everybody clocking in or clocking out or nobody does. I am in limbo. I am curious to see if the data system is going to allow in addition to the whole live in exemption with the billing, do you know if the data system allows you to select which people are required to clock in and clock out?

I believe so. The requirement for EVV is going to be mandated and verified at department level under the claims processing. That said, I do not want to get things wrong here. We can correspond with the EVV inbox if you want to give some more details. I think that might be helpful.

Sure. I have reached out to data but they directed me to you guys. I talked to John. He did not know the answer either. Yeah, I am kind of in limbo as well. I will do the inbox thing.

Yes, thank you. If you want to let us know more information, if you and John are already corresponding, we will get you guys back together and get you answers to your questions. And then Alex in the room asked if the data assistance with populating your members and caregivers still has the 80 member threshold and it does. If you serve 80 or more members, that is when the data will provide that access to their upload process. Okay. I am going to go ahead and get moving on this. So the call center report, we have this as a standing agenda item. Folks have been interested in this. Here is the information. You can contact them. We tried to present this in a little bit of a different method this month so you can actually see the numbers. So this graph here is the incoming call. It is bye week. You will see that we only have two weeks in January. This breaks down the weekly call total. There was a big uptick in October. It fell down a little bit around the holidays. Folks were probably busy shopping and doing other fun things. We get about, I do not know, roughly 20 or 70 calls a week in the Sandata CallCenter. Okay. The percent of calls captured is here. This is if a provider is calling Sandata. What percent are picked up by a live representative and what percent are abandoned? Probably just the provider is hanging up, not wanting to talk anymore. We have a really high percentage of call captured. About 97 1/2% of individuals who dialed the number or dial the number, they speak to a representative. Okay. Let's talk about call times.

What to expect if you call Sandata? We had a lot of questions earlier in the implementation. Will be CallCenter be different than [Indiscernible - low - volume]? A lot of folks have experienced longer wait times especially with the transition to interchange. Right now, the call times are really good with Sandata. The wait time for a call representative is about 17 seconds. You will get to talk to somebody really quickly. And then, the time spent with a call representative is about 10 minutes. Pick up the telephone right away, they will spend about 10 minutes talking to you. Whatever happens after that maybe [Indiscernible - low - volume]. That is the current what to expect. Okay. We are moving along. The department analytics usually presents these slides. You just got back from vacation Cindy. I will not put you on the spot. I would be happy to talk through them unless you would like to.

I can.

Can we hold side conversations in the room a little bit. I do not want to get feedback on the phone. Sydney is the data analyst. She can talk through the next few slides.

Thank you. So, I will try to speak up a little bit. This table here shows the current size of the program. This is October 1 of 2019. We have over 600 clients, over 10,000 attempted visits and 47 providers using the system. Clients can receive and providers can provide more than one service type. They may appear in more than one of these groupings. Therefore, I would recommend not trying to add together all of the rows and the client and provider column. Instead, I have provided a distinct count of those columns. A distinct count gives a

better understanding of the current program size. This essentially means that the numbers at the bottom of the client and provider column are a count of clients and providers across all campus sites. The next stakeholder meeting, I will have four months of data to look at. I do anticipate being able to provide visualization of the program changes over time. I will be sure to add nice colors. I know that not everybody likes looking at numbers like I do. [Laughter] the next slide is a breakdown of the 10,000+ visits that have occurred since July. We have it split up between verified and unverified visits. Verified visit is complete. That means that all data points have been collect it. It is cures compliant in that case. It can match to a claim line. The inverse is and unverified visit. It is incomplete because it is missing one or more data points. It is not a cure compliant. Therefore, it cannot match to a claim line. So you can see that we have our percent verified of breakdowns on the far right column. This has gone up slightly compared to last month. This is great news. If you would like to see the data from previous months, we have all of our stakeholders slides on our public website.

I did want to quickly bring to your attention the second to the last row titled no service. This is essentially saying that a service is not collected. Maybe it was an attempted visits. It is fine if you are a provider and you are practicing a tool, you can definitely do that. You can see, that for almost 900 visits, the service was not selected. If you wish to have that visit, you will have to have a service selected for it to be verified. Therefore, all of the 897 visits without a service will be unverified. They will only become verified if the service is selected. That verified visit cell will always be zero. Hopefully that makes sense. And then, the last thing I want to bring to your attention was the last row. It is entitled total. In this row, the 8.1% that you see is the percent verified of all of the visits that have occurred since the program went live. We would like to see this percentage go up over time.

Thank you. Just to bring it back to the previous discussion we were having, the 8% would hypothetically be claims that would pay under the EVV mandate once you integrate the claim processes. Is that right? Okay. The goal would be to have the 8% closer to 100% for one year. Okay guys, we have 92% to go. We have 11 months. [Laughter] I believe in us. I hope you do as well.

[Indiscernible - low - volume]

[Laughter]

Thank you for the EVV nerd jokes. I appreciate that. I really like it. Okay guys. Just four minutes left. I am going to go through these next few. This is just some information. As we closed out the year, our website here at the department let us know what the activity is on the EVV website. These are unique views to the EVV website. This shows how many unique visitors like to look at the content. Look at the content we post related to EVV. You will see that in January, about 478 unique views, this was consistently going up despite the fact that if you already visited the website, your number is not going to count on here. It shows that we are getting a lot of traffic on the EVV website. This is not as much around the holidays, completely understandable. Just so you know, you need to use the EVV website. People are interested. People are looking at it. You have colleagues that have not seen it yet. Send them the link, we would love to have more folks view the website. Okay.

The last updates are here guys. We have a new FAQ on the website. It has not been updated in quite some time. There is a new timeline on there. There are answers to the questions that you all have been sending to the inbox. Look at the new frequently asked questions portions of the EVV website. Your questions might be on there. We might have some answers for you. If you think that there should be something on there, let us know and we will put it on there. We will get it on the website. It has been totally revamped is the result of you guys asking questions and sending questions to the EVV inbox. Thanks for your participation in that. The providers in the room and on the telephone, you should have seen a link come from survey monkey or from our constant contact with the survey monkey link. This will be a provider survey. I sent this to you all. We are trying to learn more about the way that you are implementing EVV.

The first question is do you know about EVV. I think that we have really high rates there. There are still some people who do not. We are getting information out there. If you all could please take a look at the provider survey, there are under 10 questions. It should be really quick, five minutes. That information is really valuable to the department. I would much appreciate if you could complete that. We will present the results at the next stakeholder meeting. If you could completed by Friday, much appreciated. And then, folks have been asking about the alternate vendor update. The contract, the revised contract with DXD has been approved by the federal partners. We are still awaiting a signature here at the department by the Executive Director. We will have some more information on that soon. With that, if you are in the queue to interface with Sandata, [Indiscernible - low - volume] your provider choice system because we are awaiting extra alternate vendor slots that are part of the contract. If they are an executive director, I will anticipate that they will have an update on that next month. Hopefully we will have those up soon.

Okay. We are right at the hour. Our next stakeholder meeting is here. Thank you all for joining us. We will see you next month.

[Event Concluded]