



Electronic Visit Verification Stakeholder Meeting Closed Captioning Transcript June 16, 2020

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Please stand by for realtime captions.

Good morning everyone. This is an electronic visit verification stakeholder meeting. And can I get a do, do a quick check to make sure everybody can hear me Kelly?

A quick sound check.

We can hear you.

Great, thank you.

I think everyone for joining us today. My name is Lana Eggers I will be facilitating the meeting today. Again this is the electronic visit verification general stakeholder meeting. There was quite a bit of background noise when we first open up the call, so everybody is needed at this point. We will make sure that everybody can ask questions and we do have breaks in the agenda and we will try to unmute everybody. If you do need to unmute at any time, if you would press star six, and you should be able to unmute yourself.

We always liked as part these meetings with our mission. Of improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. Just a little bit of housekeeping. We are on I think most three of working from home, so all the staff is working remotely, so please excuse any background noise but we would do our best to try to mitigate that I but with a quick introduction, department staff who is on the phone, please introduce yourself at this time. Please remember you are muted so you have to press*six to unmute yourself.

Hello, this is Alyssa [Indiscernible] the operations analyst.

This is John let's, EBD policy specialist.

Hello, this is David [Indiscernible] quality assurance specialist.

Hello, this is Katie McGuire, assistant director of director policy specialist.

All right is any other department staff on the phone number like to introduce themselves?

All right. Well again thank you everybody for joining us today. I'm looking at the webinar and we have good participation right now. We have just under 200 participants to this call, so we really appreciate you taking the time out of your day.

So the purpose of this meeting as always, is to engage providers, members and other stakeholders as the department works to implement EVV for community-based services offered through both the state plans and

waivers. Specifically we review EVV, the legislative mandate in the scope of implementation in Colorado. Will discuss EVV projects, updates, and provide a platform and stakeholder feedback.

During this meeting we ask that you mind your E-manners, identify yourself while speaking. It's very important right now as we're trying to kind of navigate the few online world of participation. Share the air. Listen for understanding, and state solution and scope focused.

On our agenda for today, which we sent out with the meeting invite, we will go over a brief overview of EVV as we always do. It will discuss implementation timeline and the code of regulation update. The bulk of our agenda will be spent on caregivers and supplemental materials. We have been discussing these materials for quite some time, so we have some documents to present to you all that will hopefully be good resources for you, so we will go through those.

Will briefly discuss telemedicine and EVV. It will go over the 10 data -- the send data like the Sandata call center, department data analytics an open forum.

So a brief overview of EVV. The Tronic visit revocation is a technology solution which verifies information through mobile application, telephone or a web-based portal. EVV is used to ensure that homes are committee base services are delivered to people needing those services by documenting the precise time that those services began an event.

We are implementing EVV in Colorado because we are required to do so. Section 12 006 of the 21st century cares act requires that all state Medicaid agencies implement the EVV solution.

Thinks I, states that do not implement EVV will incur a reduction of federal funding. As most of you are aware, the federal government takes about half of Medicaid funded services here in the state, it's really important that we maintain that federal funding.

And the department will implement and mandate EVV for all Colorado required services on August 3 of this year.

At its core, EVV captures six points of data. Those points of data are: type of service performed, individual receiving the service, date of service, location of service delivery, individual providing the service, that's at the caregiver level. And the time that the service begins and ends.

So all visits that require EVV will be captured or capture the six metadata.

In Colorado which services require EVV? This is a list of services that will be required. Beginning August 3. Details of these services specifically which procedure codes or modifier codes or new codes that fall within these services can be found on our website. Under resources. There's a code list that breaks it down so you can look at it by the services that you are billing for. But generally speaking, personal care, pediatrics personal care, home health including RN, LPN, CNA, PC OT and SLT., SOP. Private duty nursing, hospice, homemaker, rest beat which is provided in our community, consumer directed attendant support services, in-home support services, independent living skill training. Life skills training, physical therapy when it is provided in the home, occupational therapy when provided in the home. Speech therapy when provided in the home, behavioral therapies when provided in the home or the community. Pediatric behavioral health, youth day and durable medical equipment, and that would be select durable medical equipment services.

In Colorado, the way that we are implementing EVV is hopefully as minimally burdensome as possible. So when the therapist goes into clock in her clock out were there providing services we don't want caregiver to have to scroll through hundreds and hundreds of different procedure codes. So what you are seeing on your screen here in slide 11 are the service type groupings and if you have been attending this meeting for a while, it should see me to you, these are the options that a caregiver will see on their mobile application or the option that they would hear when they call into record EVV by telephone. So they will get to choose between

behavioral therapy, consumer directed attendant support services, consumer directed support services SOS health maintenance. Durable medical equipment home health certified nurse aides, home health nursing, home health occupational therapy, home health physical therapy, home health speech and language therapy, homemaker, hospice in-home, hospice inpatient, and then together we have pocketed independent living skills and training and life skills training. In-home support services. Occupational therapy. Pediatric behavioral therapy. Pediatric personal care, personal care, physical therapy, private [Indiscernible] group together respite and youth day and speech therapy.

Regarding service location on EVV, we always like to discuss this slide, because we still do get quite a few questions around this. EVV can happen for services, EVV services open happen in the home and community. EVV does not disrupt the flex ability of service location and facility based services are exempt from EBV -- EVV unless otherwise noted.

So for service requires EVV, they would require they have that regardless of location, whether it's the home or community or place of business of the place of worship. As long as that procedure code is being billed, we would expect to see a corresponding EVV record.

Colorado supplementing a hybrid model of EVV, what this means is that Colorado as select a vendor that will provide a EVV solution. While also allowing providers to allow for alternate EVV system if they would like to.

Providers choosing to use an alternate vendor must ensure that the system is configured to Colorado EVV rules and requirements. And you go on the website and the technical specifications, then you would look at our code of regulation that we would talk about a little later.

Provider choices must connect the data aggregator. That's how we ensure that the department can review and practice data. The training is required for both the state EVV solution and provider choice EVV. So if I have any providers on the phone that have not begun the training process, I highly recommend use that as soon as possible. For the state EVV solution, training is required to access provider credentials. To get into the state EVV solution. And then for providers who were using their own EVV solution, you will need those training credentials to access the data aggregator. Which is where you can see what information is being delivered to the space. So critically important for provider choice, sorry, it's critically in joint, important it's critically important for the you get the training as soon as possible. If you use the old system you have a little bit of flex ability when you can complete the training but it does need to be completed.

The state EVV solution utilizes three primary technologies. Many of our provider choice systems also utilizes primary technologies. But not all of them. It's a mobile application. The telephone or the provider web portal.

That is the crux of EVV, can we pause here second and ask if there's any questions. If you have any questions, please unmute yourself by pressing*six. You can also enter a question into the Q&A on the webinar, and we have staff answering those questions in real time.

Hello. My name is Tonya [Indiscernible] I am a care provider.

Can you hear me?

Sure, go ahead.

The question is I'm going to need to use the Tele long type service, don't have a phone in a client, also a smart phone and client also doesn't have Internet. The question is, so I go in around 8 o'clock I get done around 145 or whatever, so when I am transferring from doing a health maintenance for this amount of time, I have to phone in when health maintenance starts and phone back and when I finish that, and phone in for my personal care and phone out for my personal care. And phone in for my homemaker and phone out for my homemaker or I am able to acknowledge that I am there at 8 o'clock. And then just clock out at the end of my full entire services and shift.

It all runs consecutively but I wonder if I will have to stop in between and go okay, I am done with health maintenance, and I need to phone in and log out of that service and knowledge I am now doing personal care, I'm not a maker service.

This question really depends on which service you are providing. Are you under the consumer directed support services program?

Yes I am.

So under that program, recognize that care delivery is a little bit unique. So what we try to do is make it, require a little clock in and clock out as possible. So if you heard back to that website, there's only two different buckets two different code things that you can choose from when you are clocking in and clocking out. That's the basic [Indiscernible] grouping and then have one working out for [Indiscernible] is SOS [Indiscernible - muffled speaker/audio] so as long as you are providing [Indiscernible] under the waivers, DHS, etc., you can clock in just using that feet of code and clock out at the end of your shift.

If you are providing health maintenance under the SLS waiver, at that point you will need to clock out of either homemaker or personal care and click into [Indiscernible] maintenance [Indiscernible - muffled speaker/audio] and clock out accordingly. The reason is two different code groupings that specifically because of the interaction with [Indiscernible] and services.

Okay thank you.

For those on the phone, you're welcome.

For those of the phone whom I have the same question for services they are providing, refer back to the code grouping IHS, in-home support services has one code grouping so you can go ahead and clock out for that service.

But if you are providing basic [Indiscernible]-based care, you would need to clock in for personal care, clock out for personal care and clocking for homemaker.

Are there any other questions on EVV in general before we move on with the agenda?

Hello, my name is [Indiscernible] and I am a Accomack provider.

Hello. And I attended the three part mandated state-mandated webinar and I never received a login credential after that. But they said they, they said would be sent out for

Great. For you or anyone else on the phone who is having an issue, send us an email and we will work with the data to make sure you get your credentials. So email us at EVV@state.co.us and we will make sure that you have all the information that you need.

Thank you.

All right. Is there anything else related to the overview of EVV before we move forward?

I do have a question [Indiscernible - low volume] and, can we talk about that?

Could you repeat your question? You are a little bit low on volume.

I do have question about durable medical [Indiscernible] can that be addressed at the end of the webinar?

If it's a specific question, then yes. If it's a general question, then we go ahead and talk about it now.

Okay is a specific question, so we can wait for it

Okay, that sounds good. And then you also have John went on the webinar chat to is our expert for EVV, if you type it in that inbox or in the chat box, you can also answer it there as well.

Excellent, thank you.

All right. So moving on, there is it implementation timeline for EVV. Right now we are currently in the soft launch process for EVV. What that means is the state EVV solution and the data aggregator for provider choice systems are both live and available for you. They have been for quite some time, and that October and that October 2019, providers need to select EVV data and transmitted to the department. We are seeing data come in that is extremely helpful for us. We can prevent present a little bit later on what we're seeing in the data.

This time between now and when EVV is mandated , August 3, is an opportunity, for providers to familiarize themselves with EVV prior to the duration.

Claims will continue to pay in EVV [Indiscernible] on that advice for

So if you are billing provider and you're curious of the services that you provide require EVV or if you're curious if you are doing EVV correctly, get to your remittance advice and look for EVV 3054. Io be 3054. That is indicator that is submitted for that claim -- the EOB 3054.

There's an opportunity for caregivers to practice EVV for collection and for members to become accustomed. There is help in the department to identify and supplement, develop supplemental training materials. The results of folks using the EVV system. But we don't know what else is needed. So if you're in the system and you are getting paid, this doesn't quite make sense to me, I reviewed the training materials, I can use a little extra help. Let us know. It's good opportunity for the department to be able to provide those resources prior to the mandate. And the department does strongly encourage riders to get in and use EVV before August 3.

There will be no claim denials on August 3, but it's very helpful to give us this data and it's a great learning opportunity for you all.

The overarching EVV implementation and timeline in Colorado includes great, a good faith reduction. Been requested, it's easy been approved by CMS on September 18 of 2019. What that meant is we didn't have to go live on January 1 of 2020. So I think we all appreciate that extra break and

On October 1, 2018, the state EVV solution and the data aggregator with live. We are currently in the soft launch [Indiscernible] I just discussed. October 1 through the beginning of August. On August 3, 2020, EVV mandate will go into effect. At that time all providers of EVV required services must be using the EVV solution. This bullet here, October 1, 2020 through December 31, 2020, is a new bullet. This is additional details on what's going to happen during those two months. To make sure that providers are ready for EVV and deployment duration on January 21, 2021.

During this time, the department will do a post claim review of providers who are not making an earnest effort to use LST. -- EVV. What that means is we are expecting to see them from all mandated writers beginning on August 3. We are giving you a little bit of the window to get up and running. From August 3. We are giving you a little bit of the window to get up and running. From August 1, 2020, excuse me, come October 1, 2020, if we are not seeing any EVV data from you, we're not seeing that you are the system, you've made a good faith effort to try to use EVV, we're going to look at your claim. And see what's going on.

And very egregious situations where providers are blatantly saying I am not using EVV, I am not complying, at that point the department reserves the right to make those referrals to program integrity for investigation.

That is the absolute last result a resort. We don't want to do that. We will be providing training materials, you will be reaching out to you had a time. We are looking for an effort towards compliance. We're not looking for a protection on August 3. Or protection on August 1. But we are looking for you to make an honest effort to use EVV because on January 1, 2021, the federal government requires that we were making a claims review. Claims not using EVV will be denied.

So we are kind of an escalated implementation and try to get everybody up and running as soon as possible.

A quick update on medical services board, so we have been going through that rulemaking process with EVV. We had our first reading of the EVV rule on May 8. We were asked by the board to do some additional stakeholder engagement with some of the commenters. But we updated the rule in between May and June reading. We did some stakeholder engagement with all the commenters, looking to place of agreement with the rule and we brought the will back to the board last week. And we had our second MSP on June 12, 2020. With past medical services board. Which means the final rule will be enacted in Colorado, it will post to the Secretary of State website and we will be moving forward with that August 3, 2020 a day.

And because went to the medical services board a little bit earlier, with the mandate date or the effective date of the rule, it will be a little bit before that rule post online. And keep an eye out for the rule to post. You should see come in late July. If you have specific questions about what made in the final rule, we can send you a draft version of it or it just know that it is a draft, it's a little bit messy. It had the markups in that but we would be happy to send the to you.

So if you would like a version of the role that we drafted to the medical services board, you can see the final language. Email the EVV inbox at EVV @state tran02@state.co tran02@state.co.us and we will shoot you over the link. It's also posted on the medical services board website. So if you're familiar with that page, you can navigate to the rules to the page.

Okay. Before I move on, think might be good to pause here and ask for questions again. Because we did go through quite a bit there and take it back one slide and see if anybody has any questions they would like to bring to the group.

And remember you are muted so press*six to unmute yourself.

All right. If we had any department staff who are in the checkbox answering questions that you think would be good to bring to the whole group, please let me know. And I will be happy to answer those live for everybody.

Good morning, this is August [Indiscernible - low volume]. Hello.

I just joined in so I don't know if you already answered the question, but I was just trying to see if you've already mentioned when letters will be going out. [Indiscernible] so if you are do I just reach out to receive services?

Sure, that's a great question. So we haven't discussed that, it will talk a little bit about some of the materials that will be going out earlier. But we will not be sending a letter to caregivers or to the caregivers, we don't have a caregiver database, we don't have the contact information. So what we are presenting today is we wrote a letter that the provider agency or an SMS sender or estate up in parking get to the caregiver which explains the EVV mandate. So that's a resource available to you for your present her to share with the present caregiver if you would like. And you will have some additional information online that caregivers can access to. We are working on getting a letter out to all members impacted by EVV. We should be sending that over to the mail processing folks this week. I think it takes about a week to get out so we should come out by the end of the month.

Okay thank you so much.

Does anybody have anything else before we move on to a project update?

All right. So I am going to move on here. And pass it off to Mike colleague Jen who will go over some of these caregiver supplements and materials that we have posted. Tele art tech guy [Indiscernible] when you look at the files to be downloaded right when you first log on, they weren't on the yet. Get a little bit late, but he does have them posted out. So you can download all of these documents that John will be discussing up in the upper right-hand corner. Or you can also go to the department websites for additional information.

John I will go ahead and pass on to.

Thank you Lana.

Hello I am the either the specialist with the room [Indiscernible] we have a number of documents that you're welcome to look at. We know it's a lot of information to try to digest all at once, which is why on these slides we just kind of show the first page.

So this first one, the caregiver guide for MVB set up, this is for the caregivers initially setting up the use of the state EDD for EVV mobile up patient.

-- MVV Set up.

This is the first time they're getting into the application. Primary organizations of the -- primary agencies this is a resource for using the state solution would like to have a little bit of extra something official for caregivers as well. Keep in mind also that in order for this to work, the caregiver needs to have the email address so that when they are going through this document, have already accepted the sign in information that is sent to the email address.

But that information is in the document.

The second piece is the caregiver guide or MVV which is a mobile application. This is for caregivers are using the state EDD EVV solution and it really does show just the screenshot from how it's being used in the field in a very simple way. Obviously there is no health information, so it doesn't have your client's name on their, but it does give a general overview and this is allow for a little bit better understanding of how to use the MVV in real time.

The next document is the caregiver guide or TVV for telephone visit verification. The webinar guide has green text that we updated it to light blue for easier reading.

And this is for caregivers to use the state EVV solution by telephone only. Most people who are using the EVV in the field do prefer to use their cell phones to log in. We are very aware that it doesn't work for everybody, so the talking solution EVV solution.

How to get through everything is actually described in detail on the phone when you call in. But a lot of people also like to have the visual component as well so they have the assurance of what is actually happening.

Please keep in mind that when you do call and by telephone, you do have some time, it is not intermediate thing, and you do have I think over a minute to respond to each thing. So it's low stress, you can get through it, but if you're going full speed, it really only takes a couple seconds to get through the visit.

The instructions are all laid out, and it's important to note that because we have to put in the notice on how to do visits, there are a lot of words in there. But when you're actually going through the guide in real time, putting in a visit, it will be as completed as it looks at first blush.

The next document is the TVV quick reference guide. When putting in EVV it is important to use the types of service because we are not requesting caregivers at the time of service, to be medical billing encoders, we're actually utilizing types of service or the very first one, your TVV code 101 does include the group code of this like putting in the EVV code. Then the phone service will read back the telephone prompt will be back the consumer directed support services. And you can accept that and then move on to the process.

Again this is explained in detail in that guide on the previous slide, and you can download. Also the references are on the website as well. If this is that all too fast, no worries about it, you can pointed to you directly on EVV's website. But these are the codes that are used in the field.

Again this is all of the codes. Most agencies will not be providing all of these services. So it is possible of course to have specific instructions for the people who are in your agencies. To only use certain codes, and then you don't need to give them all of the information.

Because this information is being distributed through the entire state and you have all the information, because you are the primary point of contact for your agencies, for the administrator. The first point of contact will be to talk within the agency make sure that is understanding and then reach out to more support. As you are developing those communications, make sure that it's not too confusing.

And as you said before, the caregiver EVV letters going out. This is one of the agency to let them know that EVV is coming.

So they EVV invite is coming out on August 3. Again caregivers do not necessarily need to do anything with EVV, it's for those that are responsible for the attestation of care and delivery of care.

So this is informational letter to let everybody know that EVV is happening or not happening. But for most members receiving services, they want have any change in their normal operation.

There will be a question coming up here and just the telemedicine and EVV update guidance. There was a lot of requests when using, when we extend the use of telemedicine quite drastically with the state home with the COVID response actually, the previous guidance that we had that was published in January 2020 needed to be updated. So we have released that for June. And this is on the website already in the major updated points is EVV is required for all services normally requiring EVV, including the newly expanded designation including place of service 02 and modifier GT.

The location of the client is what must be recorded in the EVV record for telemedicine services. Alternate locations optionally may be needed. And there is also advice on how to do the alternate location functionality on the EVV website. They point like a big point about this as well is the location of service delivery is what's being looked at. So this is specifically for telemedicine guidance. We are looking for the location of the client that's receiving the services. And other services where we issued previous guidance, talking about were looking for where the services are being delivered in the case of homemaker or services being delivered off-site away from the client that should be still recorded where the services are being delivered. So in this case it would be where the service is being begun and ended.

So again any questions about the email, the department at EVV@state.co.us, we're happy to talk about everything that's going on with this.

And this is designed to be administrative leasable for all [Indiscernible] ensuring that services are working for

And with that I will pass it back to Linda.

Great, thank you John. There's a lot of content to go through. So I think we will pause here to see if anybody has questions. If you have not had the opportunity to read all the stock image yet, but I am being quite a bit of questions regarding telemedicine in the chat box, so if you have any questions on that that you would like

to bring to the group ready other documents, and I would be the time. Please remember to press *six to unmute yourself.

Well John, it's not like you did a good job summarizing all this material.

[Laughter]

Please don't be shy about emailing us the questions I keep coming up

Hello, can you hear me?

We sure can. Go ahead.

I have one question on CD codes, so on page 25, so there's a code 110 for home health visit, is that home health for certified nursing assistant?

This is John. That would be the type of service that would be used for CNA's.

Proceedings. I just want to make sure that

Thank you.

Who else has questions on the document? Or anything that we have covered so far?

All right. Well we will go ahead and report is something comes up we only have a couple more items on the agenda so we do have a short presentation this month so we will have some time for open forum at the end.

As your question we will go over the calls to report, the object -- the Sandata call center report. To you can find out what assets are available to the Sandata call center phone line. Here is information, if you are utilizing the state EVV solution, or need to contact Sandata for the interface process of your utilizing of provider trace system, here are two points of contact. I haven't seen some questions in the chat box letting us know that they're having issues or delays. If you are having any of that, you can always escalate through the EVV inbox . In order to escalate an issue, I would need some background information. Your ticket number, you been talking to at Sandata are things that that. We do like to use the NIST data center or call centers the first resource. There is any staff here to help you. Here in the apartment are in the department we don't have a dedicated staff to take your all these issues. So you can work on the escalated issues and anything that is a little extra attention for a let us know if you need some help with

Here's a total incoming call to that one 800 number. This topic jump at the end of May. And we taper down a little bit, but we do see kind of a steady increase, which is good. I think that means the providers are starting to use EVV when they are starting to integrate the system. So you see there that we had about 67 calls in the last week. So now they are just incoming calls, and they're not just email context.

We still have really good percent of calls captured. This means folks who have been able to reach the context. So real live person can pick up the phone and talk to them.

We have about 2% of calls, which are abandoned, and perhaps the colors, color decided there waiting too long or they hung up before everybody can answer the call. The way time for representatives is very very low. So if we see somebody hang up before representative answer the phone, they hung up with an three seconds of try to go somebody. Or to be exact, 22.35 seconds. So it's really easy to get a hold of somebody. A typical call time with representatives about 10 minutes before that call is terminated.

All right, and then the last agenda item, I will pass it off to my colleagues, Denise will go over some of the department analytics. To the data she will resent to you, is all of the top launch data, so earlier when I said

the department appreciates the early [Indiscernible] to EVV is because we have more data like this. So the more. Have in the EVV system, the more data we see come through. The more information we have. More information we have make sure the systems are functioning properly and that you guys have the support you need for it

So Sydney, I will go ahead and advance the slide and pass it to you.

Okay. [Indiscernible - low volume] perfect. Thank you.

My name is Sydney [Indiscernible]. I'm the data analyst of the EVV program in Colorado and I have some updates to share with you all today about how EVV has been going in the state so far. So in this first graph you can see data on providers who have used the EVV system at least once. So like Linda said, as Lana said the early doctors of the EVV from a [Indiscernible] expect expected growth of time and expense of October 1, 2019 to August 3 to August 3, 2020.

October 1 is the date that the state EVV solution in the data aggregator will live. So on the date providers can start using in the EVV system, and the department has been highly encouraging providers to use the EVV system since then.

And August [Audio cutting out] is the date that all providers billing for EVV services will be required to be using the EVV system.

So therefore that gray line goes all the way up to 100% because we would expect all providers billing for LST EVV services to be using the EVV system at least once by then.

So just a little side note, this graph unfortunately didn't get updated in the slides last month, so the percentages usually not the most current numbers. But at this time, the expected percent is roughly 81%, and the cumulative percent is 14.5, and the cumulative percent is 14.54%.

So we did see about a 3% increase from last month. So it's great, we are seeing that growth.

And this is a percentage of all the providers who bill for EVV services, who have use the EVV system at least once.

So keep in mind, it is required by the state of Colorado to participate in EVV if you bill for EVV services. So if you haven't started using the EVV system it, the department highly encourages you to do so. Before the deadline. And also like Lana says, so we can see the data and see how things are going in the state of Colorado and see how we can better serve our members in a virus.

So this is a new graph from the data. I wanted to get a break down of those providers who are using the system. And you can see in this graph is broken out by provider type. So they are currently 123 providers who are using EVV systems at least once. And the provider type XXXVI is the largest group of utilizing providers. Those are the the HCPF providers.

So this next graph I wanted to give a breakdown of provider types that are currently billing for EVV services. And it's encouraging to see that we have the same three provider types as the largest groups here. So that is 36, 25 and 10. And as we move closer closer to that August 3 date, we would just hope that these two charts begin to match up more more, and the provider types of utilizing billing types with take up the same amount of this graph.

All right and lastly, I wanted to go over the most common exceptions that occur during EVV visits. His exceptions can be described as error flags thrown on a visit that is missing one or more required, the six required point of data. So the most common exception that occurs is location required. Basically this means one of three things happened during the EVV visit. Either the task alternate location was selected and the

phone number from which the call was made is not associated with the client, or the visit contains both a manual and I'll call.

So when the agency administrator goes into visit minutes, they will need to acknowledge exception location required, and also key in the location of the visit.

The next most common perception is unmatched client ID/phone. This selection only calls on certain visits in the needs the visit was recorded from the phone number that was not matched to a recipient of care. In the EVV system.

So when the agency administrator goes into the maintenance again they will need to acknowledge the exception, and also key in who the recipient of the care was, or in this case, client. It was the client in this is a

's all visits with exceptions must be acknowledged by the agency administrator in, and visit means before the visit can be considered verify. And verified simply means it is to have all six required points of data, and this is important because only verified visits will be able to match to a field claim line.

So just as a reminder, please make sure your visits are verified. If you want to match your EVV claim line in order for this claim lines to pay come January 1, 2021.

Those are all my graphs. There's a lot of information to go through. So I will open it up for questions about anything that I just went over.

As a reminder you will need to unmute yourself by pressing*six.

Hello?

Hello, I can hear you.

I have a question. So I did get my credentials through an email from my admin, but I tried cocking with those credentials and I wasn't able to login. So I just wanted to know where I can go from there.

Okay this is Lana speaking, if you are having issues logging in to the state EVV solution, the first point of contact with the [Indiscernible] so I would respond back to the email, to email you the credentials with email address that we presented earlier and asked them what is going on. We don't have access to the department to get in and troubleshoot. The best way we can send the data and see you're having issues with your credentials. If you don't get anywhere with them we can escalate the issue but they're the ones that ultimately fix it.

Thank you city for all those great data slides. If there is anything that stakeholders are interested in seeing, we can always [Indiscernible] talk to Cindy, I will probably thing but she's the expert here and she's usually pretty open to presenting on anything that we have.

So let us know if there's something you would like to see that we haven't presented so far. Apologies for the error on the first slide, I did update the numbers to show that we do have some additional usage.

So anything else on data before we can move into general forum?

Okay. So that's the end of the formal presentation. I have been trying to answer some questions in the checkbox, I know that David and Melissa and John are also in the we have some questions that we haven't got to yet. We conclude this call, that Q&A box is going to go away, so if we don't answer your question in the Q&A box, that's why, we really can't the webinar open if we are no longer on the call. So I will provide the opportunity here for folks to ask their questions verbally, if there is anything that is still unresolved.

While we pause, I will fill the space a little bit by letting folks know that I highly recommend you look at that new telehealth guidance. There are a lot of questions in the chat box around visits. Particularly people are asking how to make sure that the location they are supposed to collect is recorded properly. It would be good to review the telehealth guidance with the ultimate location functionality guidance that we presented to you all last month.

If you are collecting EVV and it doesn't record the correct location for the guidance, you would need to go in and fix it. The alternate location functionality guidance that we presented on most of the side effects that in the state EVV solution. And basically direct you back to your own EVV vendor for using the provider try system. We don't really know how the functionality works there.

But I highly recommend you look at those two documents in there.

Hello, I had an additional question regarding the alternate location. And so my understanding is that if they are collecting the EVV on their mobile, it's going to have the caregiver, the caregivers location but we need to have the client location.

So basically all the telemedicine services will need to have a visit maintenance.

And so during the visit I guess we would have to verify where the client is that are they may be at their home or they may be somewhere else. And so the caregiver will need to verify where the client is that, and then that location would be then recorded using the alternative location guidance.

And so it's okay if that address doesn't match the address. In Medicaid.

Right?

Yeah. So just in general we don't do any sort of address matching for the client can be wherever they are the services. It doesn't need to be whatever client okay has on record. But I'm also going to defer to the specific telehealth question with show plans, more those he utilizes telehealth at the moment.

So you are totally correct. The alternate methodology was a separate guidance document does allow how to do this very clearly. And it's important to just make sure that it's clear and simple in there. But it's not a, the, I'm thinking of another point in my head and I think [Indiscernible]. But the mobile app, what is captured there will be retained initially, but I believe you're asking will the new location not meet that one as well, and that is fine. The full explained in alternate location methodology. We have a new location that you put in there, that is location of the service at delivered as a part of the EVV . And that's what we are looking for.

Does that make sense?

Yeah, so it doesn't matter wherever the client is, I mean the provider would just have to, because they wouldn't necessarily know where they are at on the telemedicine visit, so they would just have to ask.

The address whatever. Where they are at.

Exactly that. To because we don't have predetermined locations in Colorado, that wherever the client is the time that they receive service, that should be recorded and

Okay thank you.

Thank you.

I will pass back --

Great, thanks.

And while we wait to see if anyone is asking questions verbally, I would take a second here to read from the checkbox. There's a question around relative personal care. On which code you use for relative personal care. So if you are not seeing the exact code that you specifically build on the service grouping for the services that require EVV, the best thing to do is to gather website under resources in the code list and it will have all the different codes that you would build or Bill. Either under state plan or ATS waivers. And if you would search the co-that you are willing, you would identify which code grouping or which kind of button the caregiver will click on their providing services. So the services in particular care will cover it. When providing relative personal care you utilize that briefing of just basic care, and that will be all the information for EVV. But again that's really good resource to have. There many many codes on that list. The easiest thing to do with be to just control the co-that you are building. And see which code grouping you should select for

Anybody else want to answer or rest of his any questions on the phone

Denise go ahead Denise.

I found a live in caregiver on a forum in your documents on the website. It looks like it's been [Indiscernible] there I'm guessing.

And I'm wondering I still don't know what type of this out, number one and when it's due, and a two, where to send it.

Of course. So you are correct. The live-in caregiver form is finalized and it's on the website on that are the resource.

The way that you would complete this form we have initiated it's initiated by the caregiver and the number that are testing the live-in caregiver relationship.

In this form and be provided to the agency were four. And under the consumer director services, the SMS vendor who does your billing.

You provide this form to your agency or your SMS center the agency would validate this information and then let you know when you are officially classified as a live in caregiver. The agency makes that final determination. They are the ones responsible for billing. And responsible for EVV. If you are in C you would provide this form to your SMS center and make sure, they would make sure all the required information is filled out. However the liabilities making sure that the information is correct in the relationship truly does make that live-in caregiver status with the employer on record.

So this form does it need to be can turn into the department unless you are requesting extenuating circumstance determination. For those of you who that is in excess to, look at the form you will see there certain definitions that the department permit you to meet. If you would like to utilize that live in caregiver exemption, and if you don't quite need those he still think this assumption is appropriate for your relationship, you can reach the department and we will review this on a case-by-case basis.

So with our SMS vendor, who just go to? The SMS. It is a go to?

I would defer to the SMS center on that. I don't know how caregivers give things, SMS vendors. If you are caregiver, it would be best that you ask that question of your employer. And they would be able to provide better information to you.

Thank you.

This is Jim, can you hear me? I have a question.

Hello Jim, go ahead.

This is John with the total health, so little unclear on that. When we do a telehealth visit the customer is location, [Indiscernible - low volume] the client is in their home, location two. They do a login and [Indiscernible] and that should capture the caregivers location and the times. And also is for certain client when they had their location in the profile, their home. But believe everything that is needed is captured, but there's a location exception because the caregiver is in location two to the client is in location one.

What needs to be done to that record exactly so that it's valid? I'm confused.

Hello. So this is John. This might get a little bit more confusing, and that's not the intention. In order for services to be recorded as we need in the state of Colorado, we do need to get the location of the client. And so the most cases people will be using the mobile app. However, sometimes they will be using the telephone solution.

To address a mobile app first. If you use the mobile app that automatically collects the location of the caregiver at the time of service. Because that is collected, the caregivers location, the time of service, and that's automatic of how the system is the state EVV solution was set up initially. Right, then that will require a modification that is just a simple [Indiscernible] modification for the location only, and then at that point, the location of the client can be updated.

It's also important to note that some people will be using telephonic services to record their EVV. In that case, they would need to be using the task functionality to notate task one which will then create a visit exception which will then be visible with the maintenance section which can then be altered to show the updated location.

So all of this is described in the alternate location document. Which is very simply how to just change this one part of the visit. To have the actual location of service delivered.

The telemedicine guidance is really just saying that the new update to EVV policy was telemedicine is that EVV is required for all services that would normally require EVV. With their now be delivered to telemedicine, the telemedicine will require EVV.

So in order to make sure that that is coming across correctly, that is where we have this [Indiscernible].

I appreciate that. I understand that, but it's are going to be a better solution than this, because now this is the second touch, not only from the caregiver, but now the manager, if you will. Maintenance manager, to go in touch every single record for telehealth visit to correct location, if you will.

That is correct. In general, the EVV requires no touches at all by administrative's. In this specific use case, there is going to be a need for the updated use of that, and just as a reminder, I can't give the specific business advice on how to run your business, but more than one administrator maybe enrolled as an administrator within each agency. The only thing is we would of course ask that a different person modify records that has been initially present, that's just make sure

Of course, but with a number of telehealth visits now with COVID, that's a lot of extra work and it's all same.

It's as simple. But it's designed for, which is to go to location.

I just bring in that to the attention of the state, that this is extra work.

We definitely acknowledge that. Yep. Thank you.

The second part that you need to be aware of. Just show up as exception that way.

To go find them and go visit maintenance for you have to find which one has a telehealth visit and you will change the location.

FYI.

Correct. Thank you for bringing that up.

Thank you guys both for that dialogue. I think that we are all in uncharted waters here and we do our best to navigate the current public health crisis in the service delivery. If the provision of telemedicine continues at the volume that it is currently at, the department will work with the EVV vendors to see if there's any additional solutions. I would imagine that most of you on this call are familiar with how things are built giving that you are implementing your own EVV system. We solidify the technical design of the EVV system in 2019. Preparation for that January 1, 2020 mandate. So unfortunately we have no foresight as to what was going to happen with the expansion of telehealth. That was certainly initiate some extra workload. We will keep that [Indiscernible] coated vendor and see if there's a options and see if there have the conversation with the state as well.

Are there any other questions?

Yes, can you hear me?

Okay so I have a follow-up question as well. I have a follow-up question for the one up in the chat line regarding Medicaid as a secondary pair and I just want to make sure I was clear. A lot of times we have insurance primary members that have Medicaid and secondary. At the time we have no idea we will be filling indicator not. It all depends on whether the insurance has been met, etc. So what are the expectations for these numbers, are we having to collect members of CBD data on anybody that may have the potential of Medicaid secondary or just something that we can edit the data if we need to build Medicare or Medicaid a secondary?

I'm going to pass this one off to my colleague John since I believe it would mostly be state plan services that are in the situation and

Hello, this is John. There is the capacity for people to be used to collect EVV whether or not they are directly signed up to be a EVV or if there is EVV enrollment is active at the time.

As a department, we are very aware that this is something that happens quite frequently with some clients. There enrollment status with Medicaid will be active or inactive and they will be Medicare secondary payer. So in this case is Medicaid component will need an EVD EVV record. We recommend you which is correct click the EVV at the time of service for those clients. And then when EVV is needed, then it's already the system.

That said, if there is, if there's ever a time when you need to go back and revise annual entries are always available, and allowed. It can just be a little bit more at the time of billing to try to make sure that all of those are lined up.

So in general, most people are choosing to just times service, click the EVV, even if they are not sure if they're fully enrolled in Medicaid. Right now or if they are secondary just going to go to primary. Or what component, how much of a percentage of the payment will end up being Medicaid.

Does this make sense?

Yes it does. For the provider really isn't at risk if they don't like that. And they do do a manual edit if it becomes necessary to find out have after the fact that you are currently needing to build that to Medicaid.

The manual is allowed, right?

Absolutely. Thank you. Excellent question.

All the questions are excellent. Sorry.

Back to you, Lana.

Okay. And by mean I mean all of you. Have about 13 minutes left. I can this is open forum, if anyone has anything they would like to bring to the group.

All right. So the next stakeholder meeting that we have for EVV is our EVV subcommittee that addresses members and caregivers. We will be going over some of these documents in that meeting as well. Since they really are tailored towards caregivers. So that would be on June 30, specifically the week following this meeting, but I think we are in a longer month here. So on Tuesday on Tuesday, June 30, from 10 AM until noon is the member caregiver subcommittee. An additional information will be posted on the EVV website under stakeholders , under stakeholder engagement. And then the next general stakeholder meeting will be on July 21. Same time, and call information as usual.

So we will look forward to continued stakeholder engagement. Please reach out to us if you have any questions. The checkbox functionality will end with this call. So we did get to the questions, we simply ran out of time. So please email the EVV inbox it will be help happy to open up the dialogue with you. And the EVV inbox is EVV@state.co.us. I'm having a little bit of computer issues here but hopefully you can see contact information on your screen here. That's our EVV website and there's a lot of really great resources on there. We're looking to revamp the EVV website currently so you will see things ship, shift around and hopefully it will be more user-friendly going forward.

But if there isn't anything else I want to say thank you and everybody enjoy the rest of your day and your summer.

[Event concluded]