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

Session ID #: 2253
Day: Tuesday 8/28 10:30 – 11:45
Room: Essex, 4th Floor
Welcome

• This session is *The Evolution of EVV Systems in Ohio and Connecticut: Lessons Learned, Collaboration and Course Corrections*

• Our session will discuss:
  o Lessons learned from Connecticut and Ohio based on their experiences as early adopters of EVV solutions;
  o Accommodations for the 21st Century Cures Act and CMS guidance;
  o Guidance when planning for procurement;
  o Claims, reporting and program integrity.

• Please remember to silence your cell phones.

• We will manage the session by responding to questions after the presentation.

• When asking questions please identify yourself and use the microphones to ensure that all attendees and the presenters can hear the question.
Speakers

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

• Lori Grice, Project Analyst, DXC Technology

• Denise Tocco, Senior Vice President, Sandata Technologies

• Kristy Wathen, EVV program and Contract Manager, Ohio Department of Medicaid
Connecticut Electronic Visit Verification (EVV)
Presentation for HCBS Conference

Kathy Bruni – Director, Community Options Unit
August 2018
CT Agenda

• CT EVV Program Scope
• EVV Implementation
• Outreach/Communication/Training
• Challenges/Pushback/Feedback/Response
• Expanding EVV in 2018
CT EVV Scope – Approach and Guiding Principles

• What services/programs
  • Home Care (non-skilled)
  • Home Health Services (skilled)
  • DSS Waiver Programs

• Guiding Principles
  • All agencies must go through training
  • All agencies must use the DSS EVV system
  • Contracting Approach

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

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

**Schedule Visits**
- MMIS Sends Data to EVV
- Recipient Provider Authorization
- Agency Creates Schedules in EVV
- Schedules

**Perform Visits**
- Caregiver checks in on arrival checks out after service delivered
- EVV validates check-in/check-out sets exceptions or approves visit
- Visit Exceptions

**Visit Maintenance**
- Agency works visit exceptions in EVV
- Approved Visits

**Claim Billing**
- EVV System generates 837 claims from Approved Visit, Sends to MMIS
- 837 Claims Data
- MMIS Processes Claims
- Approve Visit Data
- 837 Claims Data

**Alt Claim Billing**
- EVV System Sends Approved Visit Data to MMIS
- MMIS validates agency submitted claims against EVV visit data
- Approved Visit Data
- 837 Claims Data

**DSS Jurisdictional View**
EVV Implementation

**Proposed Timeline**

- **APD Approval**
  - Feb 2016

- **EVV Go-Live**
  - July 2016

- **Design & Development**

- **Outreach and Training**

**Actual Timeline**

- **APD Approval**
  - April 2016

- **Design & Development thru 8/2016**

- **CT Pilot Program**

- **Outreach and Training**

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

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

- **Alternate Claim Solution**
  - April 2018

- **Expanding EVV for 2018 Consumer Direct Services**

- **EVV Implementation**
Communication & Outreach

• Discussions/Workgroup Meetings
  o Initial EVV Forum – 14 months prior to launch
  o EVV workgroup meetings – pre and post-launch
  o Provider association meetings – ongoing

• Distributed Communication
  o Informational Provider Bulletins
  o Client notification
  o Provider Introductory Letter and Survey
  o Welcome Kits
  o Santrax application messages
  o Banner Page Messages
  o Portal Important Messages
Training/Resources

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

- Hands on training – 23 workshops
- Instructor led webinars – 29 online sessions
- Recorded training sessions – each online session topic was recorded
- Job Aids – step by step instructions for specific tasks
- Learning Management System – stores all training components for use by providers on demand
- At Your Fingertips – tip sheet to answer common questions
- Dedicated EVV Webpage
- FAQ
- Interface Specifications
Challenges and Pushback

• CT implemented prior to the 21st Century Cures Mandate
• Providers did not want DSS to have an oversight system
• Providers with technology investments and established processes did not want to switch to a state mandated solution
• Providers reached out to state legislators, placing political pressure on DSS
• Pushback from legal community – GPS location of service, violation of right to privacy
Acting on Provider Feedback

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

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

• DSS provided scheduling interface support between provider’s existing systems and EVV system

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

• Implemented productivity enhancements
  o Service new client, consecutive services same care giver, multiple address locations for MVV
  o Alternate Claims Submission Solution allowing providers to continue to use their existing claim submission systems – MMIS matched these claims to EVV check in/out data to ensure program integrity
Lessons Learned

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

• Solicit provider feedback

• Be prepared for design changes based on provider engagement

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

• Educate political stakeholders early and often

• Define and communicate non-compliance early in the project

• DSS Compliance Plan
  • Jurisdictional View showing high percentage of manual overrides of visits for some Agencies
  • Establish and communicate compliance standards
    • DSS has issued letters for providers < 50% compliant
Expanding EVV in 2018

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

• Approach, Challenges, Solutions
  • Eliminate paper timesheets
  • Member Portal to review/modify/approve time
  • Caregiver Portal to review time
  • Fiscal Agent portal to approve time and process payments
  • Planning testing and soft launch period
  • Gradual movement to mandated use and enforcement
  • Training and ongoing support challenges of CDS Programs vs. Agency programs.
The Ohio Model
Electronic Visit Verification (EVV)
Presentation for HCBS Conference

Kristy Wathen – Program Integrity
August 2018
Agenda

- Planning
- EVV for Phase 1
- How EVV Works
- Aggregator
- Lessons Learned and Points to Ponder
- Claims, Reporting and Fraud
- Looking Ahead
- Contacts and Questions
Contract Procurement and CMS Planning

• Contract Procurement
  » Ensure you have enough resources
  » Decide beforehand on subcontracting
  » Do you have delay penalties
  » Do you have CMS covered in your contract
Contract Procurement and CMS Planning

• CMS Planning
  » Are you looking for enhanced funding
  » Do you have enough state resources for certification
  » Have you completed R1
  » Operations Manual
Develop Your Team

• Ohio’s Internal Team
  » Program Management Team
  » Project Management
  » Legal Team
  » External Business Relations
  » Policy Department
  » Provider Network Compliance
  » Communications
EVV for Phase 1
Phase 1

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

• ODM Started with open model
  » Many agencies had a reporting system in place

• Challenges encountered
  » Move from Sandata ➔ Alt. System ➔ Sandata
  » Alt. System ➔ Sandata
  » Sandata ➔ Alt. System
Two system choices for Agencies

**ODM System**
- Operated by Sandata
- Free of charge

**Alternate System**
- Implement and create own
- Must meet ODM specifications
- Alt. vendor fee is provider responsibility
As of 7/30/18 we have 14 alt. vendors
Training

• ODM offered 3 types of training
  » Classroom
  » Webinar
  » Self-paced

• Two separate groups
  » Agency Providers
  » Non Agency Providers

• Alt. vendor provider training
Training Cont.

• Locations

Toledo
Cleveland
Akron
Columbus
Dayton
Cincinnati
Marietta
# Outreach

- **Who?**
  - Agency Providers
  - Non-Agency Providers
  - Case Managers
  - Individuals
  - Stakeholders

- **How?**
  - Emails
  - Letters
  - Videos
  - Surveys
  - Webinars
  - Phone Calls
How EVV Works
How information is collected

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

  » There are some reasons a device may not be in the home
How information is collected

• Every Alternate EVV System must feed data into the Sandata Aggregator at least once daily
  » Alternate EVV Systems must also have a manual entry option
EVV Mobile Device

- EVV devices have been purchased and are in the process of configuration for use with the Sandata system

**Device Specs:**
- Caterpillar and LG Devices
- Android Operating System
- Large Screens
Aggregator
Santrax Aggregator (acts as a funnel for data)
Function of Aggregator

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

• Visits with exceptions
  » Exceptions must be cleared before payment made
  » Example of exceptions:
    • forgot to end visit
    • individual did not verify visit
ODM – MITS (Claims Check)  
Santrax Aggregator  
ODM DATA WAREHOUSE
Lessons Learned and Points to Ponder
Policy

• Scenarios for system and rule development
  » Developed system based upon case scenarios
  » Policy SME’s were not involved in the development
    • We missed a critical piece
    • Sharing of visits
    • Modification had to be made
Policy

Grace Periods

6-month compliance

Will implement for phase 2 and 3

11-month claims
Let’s talk Language

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

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

Considerations for security roles in system

- Payers
- Regional offices
- Partner agencies
- Managed care provider
- Staff vs. employee
Customer care at implementation
Points to Ponder

• Change in direction

  » Take your providers business models into consideration

  » Were only going to offer the device

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

    • Worked with Sandata to offer a mobile application

    • If using alt vendor and that vendor also offers an app the agency can use it
Food for thought

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

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

• More contact with individuals
• More contact with case manager
External Communication

• Realized we should have communicated sooner with individuals and case managers
  » Realized too late they want to be included in design and implementation
    • Use external resources (social media)
    • Be creative
      ➢ OLMSTEAD
      ➢ OCHCH
      ➢ IVR
      ➢ Plan and track what you do
Internal Communication

• Presentations to staff
• Training to call center representatives
• Work with your internal public relations and communication team
• Report Training
• Web master
Claims, Reporting and Fraud
Claims Submission Process

• Providers will continue to submit claims as they always have
  » MITS will validate the claims against EVV data
    • MITS looks for a particular provider, on a particular date, for a particular service

• Providers have ability to adjust EVV data if changes are needed
  » Provider can submit any claim they want, but MITS will not be able to process it unless it matches what is in the aggregator
Claims

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

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

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

**Date Range Reports**
- Client Visit Summary
- Detail Visit Status
- Summary Visit Status
- Visit Log
- Visit Verification Activity Summary
- Visit Verification Exception
- Visit Claims Verification Status
Scenarios EVV Reporting May Expose

How can I see which DCW is working across multiple agencies?

How can I see which providers are providing services to an individual?

Where can I find a list of a providers DCW

Active Employees Report

Active Clients
Reported EVV Fraud

- Substantiated Allegations
  - Billing for two hours, but only providing services for 45 minutes
  - ODM has already received fraud allegations involving providers using EVV
  - Individual ended visit, provider stayed clocked in until end of shift
Looking Ahead
What we are exploring

- Here’s DOMO!

### Employee Visit Conflicts

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#### Outliers

Today at 1:00 PM

Top extreme outlier values for 'Conflicts' are 480, 429, 428, 476, 427, 424, 440, 422, 438, 454
Domo – where service occurred

GPS Visits Mapped

Warning: Not all the data is shown.
What Can Domo do?

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

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

» Cards we are working on
  • Conflict reporting – provider logging into more than 1 device
  • Visit with no exceptions but provider changes time or service
Phase 2

• What services will be included in Phase 2

» Passport (Ohio Department of Aging)
» Department of Developmental Disabilities (DODD)
» Managed Care Organizations
» All Services from Phase 1
Phase 3

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

Phase 1

- Providers Begin Using and Go Live: 1/8/2018
- Provider Training: 11/2017 – 01/2018
- EVV Compliance Mandatory: 7/8/2018
- Edits Implemented (Pay and Post): 8/15/2018
- Edit Disposition Set To Deny: 11/14/2018

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

Phase 2

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

- Provider Training and Begin Using (as training completed): 02/2019 – 09/2019
- Go Live: 5/6/2019
- EVV Compliance Mandatory
- Edits Implemented (Pay and Post)
- Edit Disposition Set To Deny: 9/2019

Phase 3

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

- Go Live: Early 2020
- EVV Compliance Mandatory
- Edits Implemented (Pay and Post)
- Edit Disposition Set To Deny: Fall 2020
Contacts and Questions
Contacts:

Kristy Wathen
614-728-8034

EVV@Medicaid. ohio.gov
Any questions?