Electronic Visit Verification (EVV)
Stakeholder Meeting
May 1st, 2019
Agenda

- Introductions
- Electronic Visit Verification (EVV) Requirements
- Services that Require EVV
- DHS EVV Model
- DHS EVV System Demonstration
- Implementation timeline
- Stakeholder feedback and input
Introductions – Pennsylvania DHS

• PA DHS
  – Britte Earp, EVV Communication Lead
  – Jenelle Oberholtzer, EVV System Implementation Lead
  – Shaun Shillady, EVV Project Manager
  – Kristen Wierman, Office of Long Term Living
  – Chuck Frick, Office of Developmental Programs
  – Jennifer Grimm, Office of Developmental Programs
Introductions – DXC / Sandata

• DXC
  – Scott Philp – PROMISe™ Systems Manager
  – Shirley Gabert – EVV Project Manager
  – Amit Singh – Lead Business Analyst
  – Srinivas Venkatakrishnan - Enterprise Technical Domain Lead
  – Lana Elias - Provider Services Manager

• Sandata
  – Tom Underwood – CEO
  – Denise Tocco – SVP, Payer Sales
  – John Kalivas – Program Manager
  – Samuel Leinoff – Account Manager
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Section 12006 of the 21st Century Cures Act requires all states to implement the use of EVV for Medicaid-funded personal care and home health care services.

States that do not comply with the 21st Century Cures Act will have their Federal Medical Assistance Percentage (FMAP) reduced.
The 21st Century Cures Act requires that the EVV system verify:

1. Type of service provided
2. Individual receiving the service
3. Individual providing the service
4. Date of the service
5. Location of the service delivery
6. Time the service begins and ends
EVV Requirements

• EVV must be implemented for personal care services by January 1, 2020.

• EVV must be implemented for home health care services by January 1, 2023.
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Personal Care Services (PCS)

• Medicaid covers PCS for eligible individuals through Medicaid State Plan options and/or through Medicaid waiver and demonstration authorities approved by CMS

• Consists of services supporting Activities of Daily Living (ADL), such as movement, bathing, dressing, toileting, transferring, and personal hygiene

• Offers support for Instrumental Activities of Daily Living (IADL), such as meal preparation, money management, shopping, and telephone use
Personal Care Services (PCS)

Office of Long-Term Living (OLTL) Waivers
(Includes Agency and Participant-Directed Services)
- Personal Assistance Services
- Participant-Directed Community Supports
- Respite (unlicensed settings only)

Intellectual Disabilities/Autism Waivers
(Includes Agency and Participant-Directed Services)
- Companion
- In-Home and Community Support
- Respite (unlicensed settings only including camp)
- Homemaker/Chore (chore portion not included)

Adult Autism Waiver
- Community Support
- Respite (unlicensed settings only)
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• DHS is working with vendors to develop an EVV system that will integrate with PROMISe™, our existing Medicaid Management Information System

• Providers may use other EVV vendors/systems (Alternate EVV)

• Alternate EVV systems will need to capture the six required items under the 21st Century Cures Act and will need to meet DHS EVV system data requirements to integrate with the DHS Aggregator
DHS EVV for PCS

• DHS is working with DXC and Sandata to comply with federal requirements for EVV by January 1, 2020

• DHS EVV system will be available for PCS providers who do not have their own system

• DHS Aggregator will receive information from Alternate EVV systems being used by PCS providers
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• DHS EVV system being developed with DXC and Sandata will be using the following options to capture and verify visit information:

  – Mobile Application (Sandata Mobile Connect)
  – Telephonic Visit Verification

* Provider EVV Portal accessed through a web connection will be used by providers to review/correct EVV data as necessary
# Mobile Application (Sandata Mobile Connect)

<table>
<thead>
<tr>
<th>Federal law required data</th>
<th>Sandata Mobile Connect</th>
<th>Telephonic Visit Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Service</td>
<td>Captured automatically</td>
<td>Captured automatically</td>
</tr>
<tr>
<td>Start / End Time of Service</td>
<td>Captured automatically</td>
<td>Captured automatically</td>
</tr>
<tr>
<td>Type of Service</td>
<td>Entered or selected by caregiver in app</td>
<td>Service ID entered by caregiver</td>
</tr>
<tr>
<td>Location of Service</td>
<td>Captures GPS coordinates at clock in and clock out</td>
<td>Captured automatically</td>
</tr>
<tr>
<td>Individual Receiving Service</td>
<td>Caregiver enters client identifier into app</td>
<td>Captured automatically</td>
</tr>
<tr>
<td>Individual Providing Service</td>
<td>Caregiver’s login for the app</td>
<td>ID entered by caregiver</td>
</tr>
</tbody>
</table>
Mobile Application (Sandata Mobile Connect)

- Bring Your Own Device Model
- Application is available free of charge to be downloaded onto smartphone/smart device
- Available for iOS and Android
- Works regardless of cell/wi-fi connectivity for rural support (connected or disconnected)
- Start and end time are verified with GPS to the member addresses
- GPS location captured at check in and out only
- ADA 508 and HIPAA compliant
• Caregiver logs in to the application

• Caregiver searches for a client using the client identifier

• Caregiver can also start a visit from a schedule if one has been created in the provider portal
• Caregiver selects service from drop-down list

• Caregiver confirms they are starting the visit

• Caregiver begins providing care for the member
• Once the care is complete, the Caregiver logs back into the application and continues the visit

• The caregiver has the option to enter visit notes

• Caregiver taps Complete Visit

• Caregiver is then presented a summary of the visit and confirms.
Mobile Application (Sandata Mobile Connect)

- Optionally, the member (or their designated representative) can then review and verify the visit.

- The application supports multiple languages allowing the caregiver to use the app in one language, and the member is able to use another.
Mobile Application (Sandata Mobile Connect)

• Example of screens in Spanish
• The member verifies the Service and visit times and then clicks continue.

• The member is then able to sign the device using their finger, or they have the option of recording a voice confirmation of the visit if they are not physically able to sign.

• Once the member clicks continue, the visit is complete and the application logs out.
Telephonic Visit Verification

• Caregiver calls at the beginning and end of each individual visit

• Caregiver uses the participant’s home telephone or cell phone for the EVV process

• Toll-free numbers will be provided and made available 24/7
1. Upon arriving call the toll-free phone number
   “Welcome, please enter your ID”
2. Enter your EVV ID
   “Press 1 to clock in or press 2 to clock out”
3. Press 1
   “Received at <time>”
4. Hang up.
5. Repeat same process for end time of service, with the additional step of entering the service ID associated with the visit.
Provider EVV Web Portal

- Near real-time capture of data
- Near real-time monitoring
- Exception flags for visits that are missing required data
- Can resolve visit issues or errors immediately
- Data supports claims submission
- Standard Summary and Detail reporting
• Providers are able to review EVV activity in the provider portal

• Exceptions are flagged for visits that are missing required data

• Provider user clicks on a visit to open the details to review and make corrections
• Providers are able to review details of the visit in the visit detail screen using the section tabs
• The provider user can review exceptions and make corrections to the visit.

• Visit corrections require a reason code and are logged in the history tab.
DHS EVV Process Example

Caregiver Arrives in Home or Community ➔ Caregiver uses mobile application or telephony to check in ➔ Caregiver provides service ➔ Caregiver uses mobile application or telephony to check out ➔ If corrections are needed, Provider Agency makes any corrections in web portal to EVV Data ➔ Data is submitted ➔ Standard Claim Billing
DHS EVV Workflow

Sandata Aggregator and Jurisdictional View/Business Intelligence

Aggregator (Sandata and Third-Party EVV Data)
Jurisdictional Reporting/Business Intelligence
Quality Oversight and Management

Sandata EVV Portal

- **Data Integration**
  - Deployment includes integration with:
    - Member File;
    - Authorization File;
    - Provider File;
    - Consumer-Directed Program File.
- **Scheduling**
  - Scheduling ensures providers accurately follow the authorization, and provides real-time alerts for late or missed visits.
- **Visit Verification**
  - Assured Coverage™ provides multiple verification methods including telephony and mobile visit verification (GPS). Additional features include member signature and multiple languages.

**Aggregator / Third Party EVV Integration**
- Providers/Fiscal Agents have the option to use and self-fund their own EVV solution.
- EVV data is normalized across all vendors.

**Consumer Directed Care Suite**
- Portals that allow Fiscal Agents to review and approve EVV data.
- Supports Data Extracts for payroll.

Claims Options

- **Sandata Billing**
  - 837 format per PA-DHS requirements;
  - Real-time claim submittal.
- **Claims Validation**
  - Leverages existing MMIS adjudication process;
  - Less change for the provider community;
  - Ensures only claims with validated EVV data are paid.
DHS Aggregator

- Allows providers to use Alternate EVV Systems
- Data is transmitted from the Alternate EVV system to the DHS Aggregator
- Technical specifications will be finalized and made available in May 2019
• Community Health Choices (CHC)
  – The three CHC Managed Care Organizations (MCOs) will use their internal systems to meet the EVV requirement
  – Providers should be working with their MCO(s) directly regarding their internal systems

• Participant-Directed Services
  – OLTL’s Vendor Fiscal Agent, Public Partnerships, LLC (PPL), will also be using their own internal system to meet the EVV requirement
  – This system is already integrated with PPL’s timesheet and payment system as well as their participant and direct care worker online portals.
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Implementation Timeline

Jan
Kickoff

Feb
1st Survey to Providers

Mar
DHS Business Rules Finalized

Apr
Guidance Posted to DHS EVV Website
Implementation Timeline

May
- Implementation Update Notice
- Alternate EVV Interface Requirements Notice

June
- Provider Readiness Go-Live Checklist Announcement

July
- Training Registration Announcement

Aug
- Training for Providers Begins

Sep
- Program Launch Announcement
October 2019
Soft launch of DHS EVV system
(Required use of DHS EVV system or DHS Aggregator)

January 2020
Full implementation of system as required by Cures Act
• Provider training to be offered with phased in system use

• Provider Training
  – Training will be made available to provider agencies
    • Owner/Administrator, Administrative Staff
  – Two provider agency representatives that attend classroom and live webinar training are responsible for training additional staff on the mobile application, telephony, and other office staff on the administrative functions of EVV

• Classroom and Live Webinar training will be offered through soft launch

• Self-Paced training to be available both before and after the soft launch date
Training

- Classroom Training
- Webinar Training
- Self-paced Training
• Locations, dates, times and registration instructions for the various trainings will be posted on the DHS EVV website

Outreach

- Listserv Communications
  - ODP, OLTL, EVV

- Remittance Bulletins

- DHS EVV Website -
  http://www.dhs.pa.gov/provider/billinginformation/electronicvisitverification/index.htm

- Other
  - Associations, Advisory Committees, etc.
Outreach

• Additional stakeholder meetings scheduled

• Frequently Asked Questions (FAQs)
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Comments or Questions?
Additional questions and input regarding EVV can be sent to the EVV resource account at

RA-PWEVVNotice@pa.gov