Meeting Title	EVV Stakeholder Session (Meeting #2 – July)
Date	July 27, 2018
Time and Location	1:30 p.m. – 4:00 p.m.
Location	Water Development Authority Building
Meeting Facilitator	BerryDunn

Meeting Purpose:

- To update the Electronic Visit Verification (EVV) stakeholders on the EVV project's progress and to give an overview of components, schedule, and key considerations

Agenda Items

Item No.	Topic and Description	Responsible
1.	Introductions and Welcome	Sarah Ratliff
2.	Typical Solution Features and Functionality • EVV Overview • Typical Basic Functions • Optional Functions and Services • State Model Selection	Brandon Lewis
3.	EVV Model Selection Considerations • Federal Funding • Direct and Indirect Costs • Understanding Stakeholder Concerns • System Requirements • Vendor Selection Approach	Dr. Frances Clark
4.	Good Faith Effort Exemption Process	Brandon Lewis
5.	System Selection Considerations	Brandon Lewis
6.	Current EVV Tools and Techniques	Brandon Lewis
7.	Next Steps	Sarah Ratliff
8.	Future Meeting Schedule	Sarah Ratliff
9.	Q&A	Bureau for Medical Services (BMS), Management Information Services (MIS), BerryDunn

Introductions and Welcome

- Sarah Ratliff, senior consultant with BerryDunn, called the meeting to order at 1:31 p.m., introduced the key stakeholders for West Virginia (the State), and provided an overview of the agenda.
- Sarah Ratliff stated the presenters would provide an overview of EVV solution, the Open/Hybrid Model, request for proposal (RFP), request for quotation (RFQ) considerations, Good Faith Effort Exemption, EVV selection considerations, next steps, and conclude with Q&A.
- Sarah Ratliff told the group the meeting would be recorded, and explained that questions can be asked throughout the session as they come up, or they can be held until the end.
- Sarah Ratliff stated the purpose of the meeting is to update the stakeholders on the EVV project's progress and design and development process, and to have an open discussion regarding any questions or concerns from the stakeholders.
    - Sarah Ratliff provided an update on the stakeholder group, which currently consists of 106 individuals: 74 provider/agency representatives, 9 members or family of members, and 23 State contractors.
- Sarah Ratliff informed the stakeholders that there are paper copies of a survey included with the handouts for the session and requested participants complete the survey before they leave. Remote participants may follow the link that will be sent to complete the same survey online. Anyone completing the survey in person can disregard the link when it is sent.
- Sarah Ratliff communicated that the next location for the Stakeholder Meeting may change. Information regarding the meeting location and time will be shared as soon as it is confirmed.
- Sarah Ratliff notified the stakeholders that the next meeting is intended to be a working session and requested participants be on-site, if possible. It will be difficult for stakeholders on the phone to be fully engaged with the workgroups.

Typical Solution Features and Functionality

- Brandon Lewis, with MIS, provided an overview of the mandatory requirements for EVV, which include electronically capturing:
    - Individual receiving service
    - Type of service
    - Date of service provided
    - Location of the service delivery
    - Service provided by (individual's details)
    - Time details – service start and end times

Typical Functions of an EVV Solution

- Brandon Lewis stated there are several typical functions within the overall EVV solution. These functions might include:

- No-show alerts report missed visits in real time
- Optional text alerts for managers to confirm visits started
- Check awake calls for overnight shifts
- Administrators and managers can watch or review visits as they take place
- Variance to schedule, budget, and authorization reporting
- Restricted clock-in, when budget exceeded
- Captures service documentation
- Voicemail messages to pass onto caregivers, such as member updates (e.g., Mary's meds have changed)
- Human Resources alerts regarding training, licenses, and more

Selected EVV Model Components May Include

- Brandon Lewis explained typical functions of EVV solutions, which might include:
  - Scheduling Component
    - Scheduler contains data on agency, provider, member, and authorizations
    - Adheres to authorizing services at the point of scheduling before the service is delivered
    - Creates missed or late visits alerts to inform the provider agency that the member was not served according to the care plan
  - Visit Verification Component
    - When the provider arrives on site, they can "check-in" using a variety of technologies (mobile, telephonic, device, Quick Response (QR) Code, etc.)
    - When they leave, they "check-out" via the same means
    - The solution accurately captures visit start, stop, duration, and tasks performed
  - Billing Component
    - A Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant claim is created that contains data tracked during the visit, ensuring the payer only pays for actual time spent on the service rendered to the member
    - Claims for verified visits that fall within the scope of the authorization are submitted to the payer's adjudication system
    - Claims for unscheduled visits or those that fall outside of the scope of the authorization are held until the issue is resolved
  - Aggregator Component
    - Supports vendor agnostic EVV programs
    - Allows providers to select the EVV vendor that works best for their business
    - Provides the payer with a single uniform source of EVV data and network rules management tools

Selected EVV Model Benefits May Include

- Brandon Lewis provided an overview of potential EVV model benefits such as:
    - Real-time verification of visits
    - Automated missed visit notification
    - Elimination of costs and risks of paper timesheets
    - Better control of service delivery
    - Elimination of payroll and billing data entry
    - Favorable billing and payroll outcomes
    - Audit readiness

Open/Hybrid Model

- Brandon Lewis notified the stakeholders that the Department of Health and Human Resources (DHHR) has selected the Open / Hybrid Model.
- Brandon Lewis stated that the Open / Hybrid Model allows the State the option to contract with a single EVV vendor and confirmed that the State is not trying to build a system. The selected model will also allow providers and managed care organizations (MCOs) to use other vendors that meet the minimum requirements of the Cures Act and DHHR policy.
- Brandon Lewis confirmed that the State maintains oversight while also allowing providers and MCOs to use systems already in place. The State-selected system will serve as the default EVV system, and all data will be submitted to the State system.
- Brandon Lewis provided an overview of the Open/Hybrid Model and outlined four major benefit areas:
    - State
        - Least disruptive environment, most complexity for state
        - Qualifies for CMS Enhanced match: 90% and 75%
        - Heavy involvement in procurement and system management
    - Providers
        - Maximum flexibility: use free system or system of their choice
        - Best suited for small and large providers
        - Will require integration with state Aggregator solution
    - Quality Monitoring
        - Expect high level of compliance
        - Real-time visit data available to the Payers and Providers
        - Alerts can be configured for quality assurance
    - Outcomes
        - There are no published studies showing savings attributed to the use of this model, but expect similar savings as the State Choice model (5-50%)

Funding Issues

- Dr. Frances Clark, an EVV contractor with BMS, stated that we have chosen a model, and we need to think about system implementation for our solution. We need to look at provider considerations, issues already voiced, and those we have come up with as a team.
- Dr. Frances Clark confirmed that the federal government would fund 90% of the costs attributed to the design, development, and implementation of an EVV solution, and 75% of the operation and maintenance costs.
    - Issues
        - Funding would go to the states to execute compliance plans
        - Currently no fixed dollars budgeted
        - Unanswered questions
            - What funding will be appropriated?
            - How much will each state get?
    - Stakeholders need to
        - Engage with their states to ensure the selected EVV solution meets their need
        - Ensure the EVV solution does not end up as a burden for providers
        - Remember not all EVV solutions are equal
    - States and stakeholders must consider the impacts of this legislation, specifically the impact on costs, providers, and services
- Dr. Frances Clark said stakeholders have provided feedback that they would like to be engaged, which is exactly what the State wants.
- Dr. Frances Clark explained we would like the stakeholders to be our partners as we define and find the EVV solution.

Cost Issues

- Dr. Frances Clark explained the biggest cost in implementing technology is not the upfront purchase price.
    - The largest expenses are included in the secondary costs:
        - Training front-line service providers
        - Maintenance of equipment, deployment, and integration with payroll and billing
        - Provider training
        - Day-to-day functioning of the EVV solution

Stakeholder Concerns and Issues

- Dr. Frances Clark stated that what we are hearing is stakeholders are concerned with:
    - Budgets – stakeholders wonder whether meeting the mandate will add cost to services
    - Benefits of the EVV solutions such as:
        - Increase visibility regarding service delivery and management

        - Yield gains in productivity, communication, cost, and care outcomes
- Dr. Frances Clark stated that these benefits are not just thoughts, but actual results from other states who have implemented EVV solutions. The following items need to be kept in mind:
    - Stakeholders need to be aware that EVV solutions offer a variety of technologies
    - Stakeholders need to understand that EVV solutions are designed to prove that services occurred, that the provider provided it and the member received the services

Selected EVV System Must

- Dr. Frances Clark stated that any EVV solution should:
    - Improve your bottom line by:
        - Documenting that a visit took place
        - Ensuring that caregivers provided the expected services
        - Allowing for timely and accurate documentation of the activities performed
    - Ensure compliance with legislation and/or funders' requirements, such as CMS
    - Provide:
        - Caregivers with the critical information they need
        - Agencies with improved productivity, performance, and member outcomes
    - Present a seamlessly fast, easy, secure, error-free, and a future-proof verification solution for both members and their caregivers

RFP or RFQ Considerations

- Dr. Frances Clark informed the stakeholders that the procurement method hasn't been determined yet and the following items must be considered:
    - General and technical system components
    - How does the system manage claims
    - What types of reporting is available
    - How is the system secured
    - What are the system needs for compatibility and connections
    - What are the technologies behind the solution
    - Will the selected EVV provide the verification that we are required to have according to the law

How to Request a Good Faith Effort Exemption

- Brandon Lewis explained to the stakeholders that a current bill, H.R. 6042, has passed both the House and the Senate. He said this bill would delay financial penalties one year. If the bill is not signed into law, the Good Faith Effort Exemption topic will be revisited with the stakeholders. For now, it does not appear that an extension will be needed.
- Brandon Lewis stated that, if needed, the following information is applicable to the extension request:
    - Requests should be submitted between July 1, 2018, and November 30, 2018.

- Requests should include:
  - Actions the state has performed to adopt an EVV solution
  - Actions the state has performed to meet the requirements at Section 12006(a) of the Cures Act
  - Proposed EVV model
  - Unavoidable system delays/barriers
  - Description of the state's stakeholder engagement process

Selection Questions: System

- Brandon Lewis explained that the next several slides discuss questions the stakeholders need to think about when evaluating the EVV system.
- Brandon Lewis stated that we know there are several areas in the State without cell coverage, and we need to pursue a solution that takes that into account as well as the following system considerations:
  - Provide scheduling aspects
    - Self-scheduling clients
    - Provider access
    - Ability to send schedule requests
  - Alleviate privacy concerns
    - How is the data stored?
    - Who has access?
    - Care or service plans uploaded?
  - Communication aspects
    - Text messaging
    - Conference calls
    - Video streaming
    - Transfer of secure documents
  - Real time alerts
    - Emergency alerts
    - Real time stats
      - Blood Pressure
      - Blood Sugar
      - Update care plan
  - Signature capacity-verification
    - Voice recognition
    - Facial recognition
    - QR codes
    - Call-in code
  - Require a data plan

Selection Questions: Vendor Software

- Brandon Lewis explained that the vendor software also needs to be considered when evaluating the overall solution. Some of the items to consider include:
    - Evaluate vendor software through a matrix (simple spreadsheet)
    - Ease of use (intuitiveness)
    - Price
    - Features (telephonic, application, documentation, HIPAA, secure employee data)
    - Customization and integration
    - How does the vendor treat you?
    - Do you get along with the vendor and are your visions aligned?
    - What is the support contract, and does the vendor have the resources available to provide adequate help?
    - Does the vendor have expertise in this field?

EVV Technologies

- Brandon Lewis provided a high-level overview of the types of technologies and functions available with EVV technologies. Some of these functions include:
    - Biometric recognition / electronic random number match devices
    - Onsite dedicated tablets
    - Telephony
    - QR code
    - Mobile device solution
    - GPS solution
    - Caller-ID verification and web clock with GPS verification
- Brandon Lewis stated that each of these types of EVV technology would be discussed in further detail with the upcoming slides.

Biometric Recognition/Electronic Random Number Match Devices

- How it works
    - Dedicated hardware, using provider's fingerprint or recorded voice sample to register the visit
    - Hardware installed in the member's home
- Advantages
    - Can securely verify that a provider was on site
- Disadvantages
    - Biometric devices are costly
    - Each member has to have a dedicated biometric device installed
    - May be seen as an inconvenience by the member

- Unable to verify the services provided during a visit
- Unable to document services provided
- Lacks data to optimize care delivery and coordination

On-site Dedicated Tablets

- How it works
  - EVV solution uses designated tablets to record visits via an EVV application, text, or phone call
- Advantages
  - Can securely verify that a provider was on site
- Disadvantages
  - Risk of misplacement
  - Risk of theft

Quick Response Code (QR Code)

- Type of matrix barcode
- Uses four standardized encoding modes (numeric, alphanumeric, byte/binary, and kanji) to efficiently store data
- Can utilize a cell phone to scan the barcode to translate the image into some useful data

Telephony

- How it works
  - Landline phone available at member's address for visit verification
  - Provider makes a call using the landline telephone at the member's home to check-in and to check-out
- Advantages
  - Landline phones are the lowest cost solution
  - Providers dial into a toll-free number
  - Check-in initiates the visit
  - Check-out terminates the visit
- Disadvantages
  - The National Health Interview Survey (NHIS) found that almost half of U.S. households do not have a landline
  - Cell phones are preferred by most people in the U.S.
  - Landlines are rapidly losing relevance
  - The member could make the initial call if a provider is running late
  - Landlines lack secure communication process
  - Landlines are unable to record travel expenses or use GPS services
  - Landlines require supplemental paper systems
  - Landlines incur costs related to manual reviews

Issues Related to Types of Telephones Used

- In July 2015, according to the CDC:
  - 2% of US citizens had no phone
  - 9% had only a landline
  - 41% had only a cellphone
  - 48% had both a landline and a cellphone
- According to Felix Richter, landline phones are a "dying breed". He reported on Jan 8, 2018 in Statista Charts, that in the U.S., 92.7% of homes had landline telephones in 2004 but only 43.8% had them in 2017. (A 49% decline)
- He also reported that only 5% had cellphones in 2004, which significantly increased to 52.5% by 2017. (A 46% increase)

Mobile Device Solution

- How it works
  - Mobile devices (cellphones and tablets) record visits via an application, text, or phone call (between the provider, the agency, and/or the member), as needed
- Advantages
  - GPS functionality
  - Locates the provider
  - Ability to update schedules in real time
  - Documents service provision in real time
  - Tracks mileage and travel expenses in real time
  - Enables providers and agency staff to communicate in real time

GPS Solution

- Goes beyond proof of visit
- Equipped to:
  - Improve compliance via real-time proof of visits, care, and service plan delivery
  - Reduce costs by accurately tracking travel, automating workflows, and eliminating paperwork
  - Facilitate communication between agency and field staff via secure messaging
  - Improve quality of care by furnishing providers with complete information at the point-of-care
  - Evolve, become more powerful, increase maturity and affordability of key technologies (ex. mobile apps, devices, sensors, cloud technology)
- Mobile technology offers the newest and the most future-proof EVV option
- Provides compliant visit verification
- GPS enabled phones and tablets can:
  - Serve as a communication channel between field and office
  - Provide timekeeping for payroll purposes

- Track mileage and other expenses
- Generate reports for documentation and audit
- Capture electronic signatures, notes, photos, and more from the field
- Monitor provider's safety
- Serve as a real-time broadcast/alerts channel for one-to-one or one-to-many communication

Caller-ID Verification and Web Clock with GPS Verification

- Both technologies have their advantages and disadvantages
  - Both are generally acceptable to Medicaid auditors in preference to paper timesheets, as long as the technology is compliant with Medicaid regulations for electronic documentation
  - Both telephone timekeeping and web clock require the provider to clock in with a unique ID, often known as a Personal Identification Number (PIN).
    - The employee PIN replaces the employee name and signature on a paper timesheet
    - If the member receives multiple services, the provider enters a service code for billing and authorization
    - Telephone timekeeping involves the provider using the member's landline or cell phone
    - Members with landlines make telephone timekeeping a practical possibility
    - Combining web clock with provider self-service, the provider shares access to their timesheets, schedules, PTO balances, PTO requests, open positions, training classes, W-2s, payroll check stubs, assigned member information, and more all from their cellphone.
    - The advantage of telephone timekeeping is that, other than paying for the 800 number, there is no need to provide additional equipment or data plans
    - If the member does not have a landline or cell phone, one can be provided through a number of government programs
- Brandon Lewis concluded his overview of the various technologies and considerations and asked the stakeholders if anyone had questions on any of the topics. No questions were asked at this time.

Next Steps

- Sarah Ratliff provided a high-level overview for next steps, which include:
  - Stakeholder meeting evaluation
  - Work with CMS, internal, and external partners to obtain federal and State funding
  - Finalize acquisition strategy and solicit bids from vendors
  - Select vendor and system
  - System testing, training, and rollout
  - Ongoing support

- Sarah Ratliff explained the stakeholder meeting evaluation and requested that all in-person participants fill out the paper survey form. The survey is requesting stakeholder feedback and input for upcoming sessions. Sarah Ratliff asked participants to be as honest as possible. The survey is meant to gather ideas from stakeholders and future participation topics. An electronic version of the survey will be sent to participants who called in.
- Sarah Ratliff also summarized the decision that the Open/Hybrid Model has been selected and will be used as part of the system and vendor selection process.

Future Meeting Schedule

- Sarah Ratliff told the stakeholder group that we are evaluating changing the stakeholder group meeting frequency to every other month.
- Sarah Ratliff said the next meeting will be in September and on-site participation is strongly encouraged. Working sessions are anticipated for the next meeting, and participating over the phone will be difficult.
- Sarah Ratliff said the dates below list the meetings currently planned, but dates are subject to change based on how the project progresses and whether the implementation date is delayed as expected.
    - Future meetings will be held from 1:00 p.m. – 4:00 p.m. at a location to be determined, on the following dates:
        - September 26, 2018
        - November 28, 2018
        - January 23, 2019
        - March 27, 2019
        - May 29, 2019
        - July 31, 2019

Questions/Statements

- **Statement:** I am a little concerned that we are going to every other month for our stakeholder meetings, and I realize that the EVV deadline is potentially delayed until next year. I am still not sure we are considering the amount of time it will take to integrate a vendor and implement the system to hundreds of Medicaid agencies across the State. I do not think that we can be putting this off to July of next year to make our decision, because there is no way we will get a single vendor all up and running in the time remaining.
    - Pat Nisbet, director of Home and Community Based Services with BMS, stated there are due processes we must follow. The RFP must be written before a vendor is selected, which typically includes a best and final offer (BAFO). We have heard that other states have been allowed to roll out the program in waves as long as we are making a good effort by next January and implement part of it, which might be OK.
- **Statement:** As a provider, I would like, and I am excited about, the workgroups. I feel like that is really getting our input, and if these workgroups meet more frequently, I don't have an objection if

the whole group meets every other month, because we will still be working towards the solution and we have a lot to still identify for our plan before you even put out an RFP. I would like to see some demos from potential vendors to help us determine what features from the provider's perspective would actually be a timesaver for us. We are looking forward to implementing and would be interested in hearing from other states that have already implemented their EVV, not necessarily in person, but be able to speak to all of us to go over the things that were useful and problems that they ran into, or even hear from some providers in the group who already have an EVV solution to hear what is working for them and what is not working for them and how they are working around the technology if needed.

    - Dr. Frances Clark stated we are definitely allowed to perform market research before an RFP goes out, but of course, an RFP cannot be skewed toward one particular vendor. It is important to list the things that we want and capture them as requirements.

- **Question/Statement:** We have invited some vendors to our group, and I imagine other vendors may want to present to us as well.
    - Shea Berry, manager with BerryDunn, said our team could look into what options the State has that would be compliant with the procurement rules. We will take that as an action item and work with BMS.
    - Shea Berry also said it sounded like the group would like to talk to representatives from other states and that it might be possible to set up an information sharing session with the stakeholders.
    - It was stated that it would be helpful to have states that have implemented the Open/Hybrid Model and/or providers from states that have experienced the change to EVV talk with the group. It was mentioned that an Ohio provider might be an option.
- **Question:** Are you looking at an ERP system? I noticed that you have included components on timekeeping and on PTO data. It seems like it is a lot broader than what EVV requires. I can appreciate trying to get buy-in from stakeholders, decision-makers, and trying to provide a solution for the many facets that it takes to administer such a system.
    - Brandon Lewis clarified that the additional information presented today has not been predetermined to be included and was shared to give stakeholders a view of the potential system features and options that might be possible.
    - Brandon Lewis affirmed the decision to move forward with the Open/Hybrid Model and assured stakeholders that progress will continue to be made on requirements, development of a RFP or RFQ, and other planning, even if the stakeholder sessions are not held monthly.
- **Question:** What does ERP stand for?
    - ERP stands for enterprise resource planning.

- **Question:** If the State chooses to select a vendor that only provides the minimum requirements under the Cures Act, will providers be able to select optional services through the State-selected vendor?
    - Pat Nisbet confirmed that with the RFP, we are going to see if there is a way to ask vendors to propose costing for services that are not required as part of the core EVV services, in case there is a way to offer those additional services to providers, at their cost, if they choose to select them.
- **Question/Statement:** I would like to make a brief statement. The number one requirement from CMS for EVV is time in and time out for the provider. At a bare minimum, that is all you are required to provide. Can you confirm that this will continue to be the focus?
    - Pat Nisbet agreed that the clocking in and out of providers is the primary focus today. We know that when in a high-rise or apartment, there may be issues when a provider is serving more than one member in the same building. The members need to sign off and verify that the provider was there the whole time. You are depending on the worker and on the member to provide accurate information.
    - Shea Berry stated there is an inherent element of trust, but there is going to be the capability for the member to verify services. There are many ways that this is done. Some EVV systems have a PIN the member can enter that verifies the provider was present for the right amount of time and provided the correct services. There are solutions where the provider says what they did and the member has to agree and verify in some way, like voice recognition or entering a PIN.
- **Question:** Could the provider be required to call in every hour?
    - Shea Berry stated that would be difficult to do. BerryDunn, BMS, and MIS are trying to select a solution that has the least amount of vulnerability, but that is something we are actively working on when researching possible solutions.
    - Pat Nisbet stated that when NPI numbers for direct care workers are implemented, it would help issues regarding improper billing of hours and validation of services rendered.
- BerryDunn confirmed there are no more questions on the phone or in person.

Meeting Conclusion/Action Item Recap

- Sarah Ratliff requested that the participants in the room take the survey that was handed out. For those participating by phone, the survey link would be sent from the EVV mailbox.
- Sarah Ratliff confirmed that the next meeting is scheduled for September 26, 2018. Separate information regarding that meeting will be sent to stakeholders ahead of time.
- Sarah Ratliff let the stakeholders know that they could submit any questions, suggestions, or concerns to the EVV mailbox.

- Pat Nisbet commented that the next meeting should be at a different location, preferably with some tables to help coordinate the working sessions. Stakeholders are encouraged to provide suggestions and ideas on locations that might be suitable.
- Dr. Frances Clark thanked participants for coming and calling in and being our partners.
- Sarah Ratliff stated this is a joint effort and thanked everyone for making the time to attend the meeting.
- The meeting was adjourned at 2:21 p.m.

Contact Information

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