

## Considerations for a Provider Organization Evaluating the State Sponsored EVV System or a Vendor Selected EVV System

Electronic Visit Verification (EVV) requirements are being implemented in Massachusetts in accordance with a federal requirement for Medicaid-funded personal care and home health services, and will be required for certain other programs and services as well. EVV will collect certain data elements including, but not limited to, the type of service performed, the individual receiving the service, the date of the service, the location of the service delivery, the individual providing the service, and the time the service begins and ends.

The Executive Office of Health and Human Services (EOHHS) will make available a State Sponsored EVV System known as “MyTimesheet” for providers to use to meet the EVV requirement. Provider organizations may choose instead to use a Vendor Selected EVV System (“Alt-EVV”) to meet the EVV requirement. Provider organizations that use an Alt-EVV system must meet certain specifications for the Alt-EVV system and must transmit required data regarding service provision into a data aggregator specified by EOHHS.

This document is intended to serve as a guide for provider organizations that do not have an EVV system and are evaluating the use of My Timesheet versus Alt-EVV. This document presents aspects of EVV systems that providers may consider in making this determination. This document is meant for informational purposes only and should not be considered a complete list of potential considerations for determining whether to use MyTimesheet versus Alt-EVV—provider organizations should review for themselves the benefits and drawbacks of the options to satisfy EVV requirements. This document does not provide EVV requirements for specific programs, technical specifications of MyTimesheet or other EVV systems, or specific costs.

### *Potential Considerations for Use of MyTimesheet Versus Alt-EVV*

State Sponsored EVV System (referred to as MyTimesheet)	Vendor Selected EVV System (referred to as Alt-EVV)
<b>System Cost</b>	
<ul style="list-style-type: none"><li>MyTimesheet has no purchase cost, implementation fee, or usage fees that will be charged to the provider</li><li>While the provider will not incur any ongoing licensing cost, there may be a resource cost for using the system</li></ul>	<p>Alt-EVV cost considerations may include:</p> <ul style="list-style-type: none"><li>Initial implementation fee</li><li>Ongoing maintenance and operations</li><li>Cost structure</li><li>Number of users</li><li>Type of EVV system</li><li>Other factors</li></ul>
<b>EVV System Type</b>	
<ul style="list-style-type: none"><li>Smartphone device with location services</li></ul>	<ul style="list-style-type: none"><li>Depending on the EVV system, an Alt-EVV Vendor may offer one or more options, including app-based, telephony, or fixed device</li></ul>
<b>Scheduling</b>	
<ul style="list-style-type: none"><li>Utilizes scheduling function for operation</li><li>May be in addition to scheduling system already in use by provider</li></ul>	<ul style="list-style-type: none"><li>May not require scheduling function for operation</li><li>May have a scheduling feature in addition to a scheduling system already in use by provider</li></ul>

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<b>Privacy Issues</b>	
<ul style="list-style-type: none"> <li>Can only be used for consumers in programs funded by state and federal programs</li> </ul>	<ul style="list-style-type: none"> <li>Can be used for any consumers regardless of funding source served by the provider organization</li> </ul>
<b>Hardware / Software</b>	
<ul style="list-style-type: none"> <li>Smartphone device with location services</li> <li>System configured to use a minimum amount of battery and data</li> <li>The provider should consider whether any applicable laws or industry best practices address whether to reimburse home care aides for the cost of using their personal devices</li> <li>System requires a home care aide's unique email address</li> <li>The provider is not obligated to obtain and maintain an email address for home care aides; however, a provider organization may choose to do so</li> </ul>	<ul style="list-style-type: none"> <li>Depends on type of EVV system used: Smartphone or other personal device, a device placed in the home, or telephone may be required</li> <li>System must collect required data and transmit it to the Data Aggregator</li> <li>The provider should consider whether any applicable laws or industry best practices address whether to reimburse home care aides for the cost of using their personal devices</li> <li>System may not require the worker to have an email address</li> </ul>
<b>Time to Deploy/Implement</b>	
<ul style="list-style-type: none"> <li>Time to evaluate and update business processes</li> <li>Time to ensure that the workforce has smartphone devices with location services and that the application is installed and functioning properly</li> </ul>	<ul style="list-style-type: none"> <li>Time to evaluate available systems</li> <li>Likely a period of integration and implementation before go-live</li> <li>Time to evaluate and update business processes</li> <li>Depending on the EVV system, time to ensure proper placement or functioning of devices</li> </ul>
<b>Training &amp; Support</b>	
<ul style="list-style-type: none"> <li>In person and online training available for provider organization staff</li> <li>Online training available for worker and, if necessary, consumers</li> <li>Customer service support for key provider organization staff</li> <li>Provider organizations will be required to provide their workers with access to secure, organization-managed email addresses</li> </ul>	<ul style="list-style-type: none"> <li>Varies by EVV system</li> </ul>

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<b>Integration</b>	
<ul style="list-style-type: none"> <li>Automated data transfers of consumer demographics and authorization data</li> <li>No integration with other systems used by provider organization (e.g., Provider Direct)</li> </ul>	<ul style="list-style-type: none"> <li>Depending on the EVV system, may have the ability to be integrated with other systems used by provider organization (e.g., payroll).</li> </ul>
<b>Staffing</b>	
<p>In using MyTimesheet, staffing time may be needed to:</p> <ul style="list-style-type: none"> <li>Address EVV issues, including providing app-related support to home care aides and escalating to the vendor as appropriate</li> <li>Enter schedules to align with provider organizations' existing systems, such as payroll or timekeeping software</li> <li>Provider staff to create and manage user accounts of workers and administrative staff</li> </ul>	<p>Depending on the Alt-EVV system used, staffing time may be needed to:</p> <ul style="list-style-type: none"> <li>Address EVV issues</li> <li>Enter schedules if EVV system is separate from other systems such as payroll or timekeeping software</li> <li>Provider staff may need to create and manage user accounts of workers and administrative staff</li> </ul>
<b>Worker Efficiency</b>	
<ul style="list-style-type: none"> <li>Would link scheduled visits to actual service provision</li> <li>Staff will need to familiarize themselves with the use of EVV</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Depending on the EVV system, worker efficiency may be affected</li> <li>Staff will need to familiarize themselves with the use of EVV</li> </ul>
<b>Data Transfer to EOHHS</b>	
<ul style="list-style-type: none"> <li>Automated</li> </ul>	<ul style="list-style-type: none"> <li>Monthly file transfer to Data Aggregator (could be manual or automated but will vary by EVV system)</li> <li>Provider assumes the responsibility for the development of an interface for the monthly file transfer</li> </ul>
<b>Reporting</b>	
<ul style="list-style-type: none"> <li>Reports are available covering service authorizations, appointments, visits, and visit data</li> </ul>	<ul style="list-style-type: none"> <li>Varies by EVV system</li> </ul>
<b>Billing</b>	
<ul style="list-style-type: none"> <li>Can export a file to assist the provider with billing</li> <li>Provider organizations will need to manually mark MyTimesheet visit records as billable visits</li> </ul>	<ul style="list-style-type: none"> <li>Depending on the EVV system and its integration, may be able to generate a billing file for import into Provider Direct</li> </ul>

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<b>Payroll</b>	
<ul style="list-style-type: none"> <li>Can export a file to assist the provider with the payroll process, but does not integrate directly with a payroll system</li> </ul>	<ul style="list-style-type: none"> <li>Depending on the EVV system and its integration, may be able to link EVV system with payroll</li> </ul>
<b>Security</b>	
<ul style="list-style-type: none"> <li>Data is encrypted</li> <li>Application and use of it are compliant with HIPAA and FIPA</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS' standard is that Alt-EVV systems encrypt their data; however, this standard may vary by system</li> <li>EOHHS expects that the application and use of it are compliant with HIPAA and FIPA</li> </ul>
<b>Audit Support</b>	
<ul style="list-style-type: none"> <li>Does not collect data about services related to care plan or specific to tasks performed</li> </ul>	<ul style="list-style-type: none"> <li>Depending on the EVV system, it may have the ability to collect data about services related to care plan or specific to tasks performed</li> </ul>