Electronic Visit Verification (EVV) in Massachusetts

Stakeholder Dialogue Session #5

Springwell – Waltham, MA
June 24, 2019
Today’s Agenda

1. EVV Overview & EVV Stakeholder Engagement
   https://www.mass.gov/info-details/electronic-visit-verification

2. Topics for Review
   a. High Level Process Workflow
   b. Scheduling Policies

3. Future Dialogue Sessions
21st Century Cures Act Mandates EVV Use

- Electronic Visit Verification (EVV) refers to the technology a worker uses during a home visit to capture information about the services provided.

- The 21st Century Cures Act (federal law) requires EVV for the following Medicaid services:
  - Personal care by 1/1/2020
  - Home health by 1/1/2023

- EVV is required for Medicaid services but EOEA will be requiring it for EOEA Non-Medicaid services as well.

Schedule for EVV implementation

<table>
<thead>
<tr>
<th>Original Cures Act</th>
<th>New law HR 6042</th>
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<tbody>
<tr>
<td>Initial personal care deadline</td>
<td>Initial personal care deadline</td>
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<tr>
<td>Deadline with exemption</td>
<td>Deadline with exemption</td>
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<tr>
<td>Deadline for home health</td>
<td>Deadline for home health</td>
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<td>Jan. 2021</td>
<td>Jan. 2022</td>
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<td>Jan. 2023</td>
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To meet federal requirements, EVV systems must verify:

- **Type** of service performed;
- **Individual receiving** the service;
- **Date** of the service;
- **Location** of service delivery;
- **Individual providing** the service; and
- **Time** the service begins and ends
EOHHS Deploying a Hybrid EVV model for ASAP Contracted Providers

### EVV Options for ASAP-contracted providers

<table>
<thead>
<tr>
<th></th>
<th>MyTimesheet</th>
<th>Alternate EVV systems</th>
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<tbody>
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<td><strong>Providers served</strong></td>
<td>Any ASAP-contracted provider</td>
<td>Providers with existing EVV systems in place or those who choose to adopt one</td>
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<td><strong>Software platform cost</strong></td>
<td>Free use of platform (devices not included)</td>
<td>Depends on vendor charge</td>
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<td><strong>Vendor</strong></td>
<td>Optum (contracted by MassHealth)</td>
<td>Numerous EVV products already in use</td>
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<td><strong>Functionality</strong></td>
<td>• GPS check-in &amp; check-out on mobile devices</td>
<td>Must provide data elements meeting Cures Act and EOHHS requirements, but can include additional features (varying check in methods may be permissible)</td>
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- **MyTimesheet**: State-sponsored system developed by Optum
- **Alternate EVV systems**: Any system purchased by providers that meets Cures Act and EOHHS requirements

**Diagram:**
- State EVV Data Aggregator
- Automated data flow
- Regular uploads

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Massachusetts’ goals for EVV implementation

**Effective Compliance:** Provide an EVV system that complies with federal Medicaid requirements, minimizes burden on users, and does not disrupt the provision of services.

**Efficiency:** Reduce administrative burden of paper timesheets.

**Program Integrity:** Reduce billing errors and unauthorized spending.
Terms Used in Today’s Session

- **Alternate EVV or Alt. EVV** – Refers to EVV systems used by provider agencies that are NOT the MyTimesheet EVV System. These are “Alternative” EVV systems.

- **Data Aggregator** – System that combines or “aggregates” EVV data from provider agencies. Provider agencies using Alt. EVV systems will send their EVV data to Optum’s data aggregator. MyTimesheet data will also flow into the data aggregator.

- **MyTimesheet** – Optum’s EVV system that can be used by provider agencies to collect EVV data

- **Optum** – Vendor that EOHHS selected to provide the MyTimesheet & Data Aggregator EVV Systems.
EVV Estimated Timeline

- Provider organizations using Alternate EVV systems will:
  - Attest to meeting Cures Act and EOHHS requirements
  - Complete a data transfer testing process

- Both Data Aggregator and MyTimesheet will be piloted before statewide deployment

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<thead>
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- Define Data Aggregator System Requirements

- Data Aggregator Stakeholder Engagement

- Define MyTimesheet System Requirements

- MyTimesheet Stakeholder Engagement

- System Development for Data Aggregator

- Data Aggregator Pilot

- MyTimesheet Pilot

- Data Transfer Testing and Attestation

- Data Aggregator Training and Go-Live

- MyTimesheet Training and Go-Live
EOHHS EVV Stakeholder Engagement (to date)

- 16 Public Listening Sessions in 2017
- 11 stakeholder workgroup sessions in 2017
- 9 Meetings with ASAPs & Providers in early to mid-2018
- Home Care Alliance EVV Expo in August 2018
- Presentation on EVV to ASAP/AAA Executive Directors in October 2018
- Presentation at Home Care Quarterly Meeting in May 2017, August 2017, and November 2018
- EVV Meeting with ASAP Contract Managers in December 2018
- Alternate EVV Implementation Listening Session in February 2019
- 3 EVV Regional Provider Dialogue Sessions in April and May 2019 and 1 in June
Objective of Dialogue Sessions

- Obtain feedback from provider agencies on different aspects of EVV
  - Ensure that EOHHS and Optum are on the right track before system is developed and plans are finalized
  - Make system or policy changes based on additional review from feedback
  - Hear from providers across the Commonwealth and engage as partners
  - Engage with all stakeholders across the Commonwealth, not just those who are located in Metro-Boston
  - Facilitate relationships between EOHHS, Optum, EOA and provider agencies

- Address a broad range of topics
  - Not all stakeholders will be able to attend all sessions but format should allow all stakeholders to attend at least one session
  - Supplement with other modes of education and input
Topics Addressed and Highlights of Past Dialogue Sessions

April 24 Session – Alt. EVV Data File
- Most of the requested data fields seemed reasonable
- Need to review Non-Electronic Visit reasons
- Need to review capture of care program
- Need to consider capturing home health data

May 8 Session – Alt. EVV Data File Submission
- Alt-EVV vendors need time to develop data file and meet standards
- Need to consider how EVV relates to Provider Direct
- Need to clarify how providers should handle visits where multiple services are delivered

May 21 Session – Process Workflow and Scheduling Policies
- Need additional discussion on capturing tasks
- Need to consider consumer signature requirements
- Need to consider how to address visits that occur before they are scheduled

June 7 Session – Alt. EVV Data File and Alt. EVV Data File Submission
- Need to identify which (if any) optional data fields may become required in the future
- Need to consider making a sample data file
- Need to create a policy for providers that fail to upload the data file

- Presentations from sessions posted at https://www.mass.gov/info-details/electronic-visit-verification

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## Today’s Session Discussion

### Today’s Topics

<table>
<thead>
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<th>High-Level Overview of MyTimesheet</th>
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<td>Workflow Review - Process that outlines a consumer being referred for services, the provider accepting of the referral, service provision and the provider being paid by an ASAP</td>
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<td>Scheduling policies, procedures, and considerations</td>
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Provider Organization Scenario

- ASAP Care Manager creates and keeps current a service authorization in SAMS
- SAMS sends service authorization record file to the EVV system.
- SAMS sends member information to EVV system

SEND AUTHORIZATION

MYTIMESHEET PROVIDER ORGANIZATION DASHBOARD
- Receives the service authorization
- Schedules the worker
- Monitors changes and updates worker schedule (frequency, duration, suspensions, terminations)

MYTIMESHEET WORKER MOBILE APPLICATION
- Checks Schedule
- Checks in (GPS tag)
- Creates Service report
- Checks out (GPS tag)

MYTIMESHEET EVV SYSTEM
- Reviews completed visits for CURES Act requirements
- Places exceptions in supervisor box for processing
- Enables verified service visits for extract

Based on provider feedback, EOHHS is reviewing if/how MyTimesheet will capture:
- Tasks
- Consumer signatures
High Level Workflow

ASAP
1. Care Manager assesses consumer needs to develop person-centered care plan
2. Case mgr. searches for provider to accept the case
4a. W/in 48 hrs. in SAMS Care Manager assigns provider & authorizes services
5. ASAP generates Service Orders for initiating the service delivery data upload
4b. Worker visits consumer & logs visit in EVV System

Coordinator
3. Coordinator accepts referral with Care Manager & assigns worker
6. Coordinator prepares invoice and .csv file for upload to Provider Direct
7. ASAP works with provider to resolve errors
6. ASAP generates Service Orders for initiating the service delivery data upload

Provider
8a. ASAP pays providers
8b. Reconciled, billable Alt EVV visit data uploaded to State EVV aggregator

Worker
9. ASAP sends payment voucher to EOEA for reimbursement

Timing
Service month → +1-5 days → +5-25 days → +25-30 days → +2-3 months

Suspensions & Service Authorization changes

Comments regarding the appropriateness of Provider Direct to capture EVV data

New step for Alt. EVV Providers

**For users of MyTimesheet, no manual upload to the data aggregator is needed
Scheduling Policies

• We are looking for feedback from all provider agencies (both MyTimesheet and Alt-EVV users)

• How does your agency handle specific scheduling situations?

• If you have an idea of how a current process could be improved, we want to hear it

• If we haven’t addressed an area of scheduling that you think is important to review, please let us know
Scheduling Policies

Scheduling and Authorizations

• Do you remove/cancel future appointments when a member’s authorization has ended? If so, how does that process work? If not, has that created issues?

• Does your system apply restrictions on scheduling based on the service authorization? For example, will your EVV system prevent you from scheduling a visit if the member has reached the maximum number of authorized service units?

Urgent/Emergency Appointments

• Are there situations where a worker performs a visit prior to scheduling and/or authorization? If so, how frequent are such visits and how are they handled?

• How do you handle/schedule urgent appointments?

• How do you schedule visits without authorizations?

• Would it be problematic if emergency visits were required to be scheduled before the worker could perform the visit?
Scheduling Policies

Exceptions to Schedule

• When a worker is checking in, what do you consider to be "late" (e.g. 10 minutes after scheduled time, 15 minutes, etc.)?

• When a worker is checking out, what do you consider to be “early” (e.g. 10 minutes before scheduled time, 15 minutes, etc.)?

• What if a worker provides a different service than the one that was scheduled?

Capturing Information

• What is your current process for electronically capturing when a worker works with multiple consumers at the same time?

• Do workers capture or confirm services, ADLs, IADLs, or tasks that are provided during their visit? Are captured or confirmed items per EOEA regulations and terminology?

Other

• What are your most common reasons for reschedule requests from consumers?

• Do consumers “sign” the “timesheet” once the services are completed during each visit? If so, how does this work and have you had any issues with this process?
EVV Stakeholder Dialogue Schedule

April 2019
- Tri-Valley, Inc.
  Dudley, MA, April 24, 2019, 9:30-11am

May 2019
- Elder Service of Merrimack Valley
  Lawrence, MA, May 8, 2019 2-4pm
- South Shore Elder Services
  Braintree, MA, May 21, 2019 10am-12pm

June 2019
- Elders Services of Berkshire County
  Pittsfield, MA, June 7, 2019 10am-12pm
- Springwell
  Waltham, MA, June 24, 2019 10am-12pm

July 2019
- LifePath
  Greenfield, MA, July 16, 2019 2-4pm

August 2019
- Elder Service of the Cape Cod
  South Dennis, MA, August 14, 2019 11am-1pm
Information about EOHHS’ EVV Implementation can be found at:

https://www.mass.gov/info-details/electronic-visit-verification

Feedback/questions related to EVV can be submitted to EOHHS by emailing:

EVVfeedback@State.MA.US