CT DSS EVV Legislative Forum Follow-Up Issues

	IDENTIFIED QUESTION OR CONCERN	RESPONSE
1.	Number of CT Agencies using Santrax System (prior to DSS award)	**_Response:_** _Prior to DSS implementing Sandata's Santrax Payer Management (SPM) system for the CMAP program, Sandata's products were used by three separate agencies in Connecticut. These include 1) Project Genesis, Inc., which reported its use through the initial 3rd party software survey performed for the Connecticut EVV implementation; 2) Utopia; and 3) Royal Home Care. Utopia and Royal are located in New York, but have offices in and provide services in Connecticut._
2.	What is the provider/State Medicaid agency feedback from other states (IL, TX, FL)	**_Response:_** _Texas Medicaid reported to Connecticut that its experience working with Sandata was very positive. Feedback from the other directors is pending._
3.	Not enough time for agencies with existing EVV systems to integrate DSS EVV into their systems/processes	**_Response:_** _DSS first began exploring the idea of implementing EVV in 2015, and began outreach to the provider community in the Fall of 2015._ • _In **November 2015**, DSS and HPE held a series of agency open house events to signal intent to implement EVV within the CMAP program._ • _Even at this early stage, DSS was aware of and sensitive to potential impacts on agencies that had already implemented their own scheduling and EVV systems._ • _In **March 2016**, DSS/HPE conducted an agency outreach survey to identify which providers had existing scheduling or EVV systems._ • _In **May 2016**, DSS held multiple provider outreach sessions with agencies to inform them of the proposed EVV model design and implementation schedule, to collaborate on the review of system configuration, and to solicit feedback on the_

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<tr><td></td><td></td><td>program. Of particular note in these sessions were questions and discussions around the need for/ benefit of supporting a scheduling interface from external scheduling systems into the DSS EVV solution.

• In early June 2016, Based on the feedback from these provider outreach sessions, as well as the results from the provider survey, DSS elected to support a scheduling interface into the EVV system. This created capability for agencies to export schedule data from their existing systems into the EVV system, and enabled the EVV system to utilize those schedules for visit verification. DSS announced plans for the interface, as well as free of charge technical support for agencies and their vendors, on June 6th via a provider bulletin that was both distributed and posted to the CMAP website.

• In August 2016, the EVV system was opened up to a select group of agencies to enable them to begin using the system for their non-medical services. The full system became available for all non-medical providers on September 1, 2016 - a full eight weeks prior to the originally anticipated mandatory implementation date of 11/1/2016.

Since the inception of the EVV project, DSS has shown that it is committed to communicating with the provider community, willing respond to feedback regarding the EVV program and to refine model design, and ensure the agencies have sufficient time to prepare prior to the date on which EVV becomes mandatory.</td></tr>
<tr><td>4.</td><td>Why can't providers with existing EVV system use their systems/data to meet DSS objective</td><td><u>Response:</u>
DSS has concluded, based on objective results of</td></tr>
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		other successful state implementations, that a single statewide approach for managing visit verification is the most effective means of ensuring accountability and consistent oversight for all agencies. *While a small number of agencies have already implemented their own EVV and/or scheduling systems, variation in configurations, business policies and metric calculations would make it very difficult for DSS to collect, **standardize** and use individual system data.*
5.	DSS EVV is an add-on system for the agencies that currently have EVV Systems in place. Agencies will have additional/duplicative overhead integrating the DSS EVV system into their existing process. Agency concerns are identified below	
a.	Current 8 step flow will now be 18 steps	***Response:*** *DSS and Sandata would welcome receiving more detailed support for this statement. This is not an impact that Sandata has observed in any of the other states in which it has implemented EVV.*
b.	Service order management	***Response:*** *The system is designed to significantly improve an agency's ability to manage service authorizations. DSS enhanced Sandata's EVV system by providing alerts to the agency when a change is made to a service order, which has been requested by many agencies.*
c.	Feeding schedules to the EVV system (manually or via interface)	***Response:*** *DSS identified early on in the EVV process that some agencies have existing systems and tools that they use to schedule caregiver visits. In deference to this, DSS and HPE added a scheduling interface that permits agencies to deliver schedule information into the EVV program. This was announced to agencies via provider bulletin in early June 2016. To date, over 110 agencies have indicated interest in using a*

		scheduling interface, and numerous scheduling system vendors have already completed testing on delivery and loading of schedules from their systems. The list of vendors includes, but is not limited to: Riversoft, Kantime, Arrow Solutions, and CareCentra. To date, 21 agencies have approved scheduling interfaces, and (as of 11/18) another 13 agencies are testing their interfaces.
d.	Each visit for a Medicaid client will require 2 check-in/check-out steps to get data in both systems.	***Response:*** *The EVV system provides all information necessary for payroll and billing of visits, thereby eliminating any need for duplicative check-ins in EVV and an agency's existing system.* *The DSS EVV system provides both caregiver timesheet reports as well as daily exports of all visit information back to the agencies. It also contains all information necessary to capture the caregiver visit time, and to generate an invoice based on that information. For those visits that a caregiver provides within the CMAP program, there should not be a need for a caregiver to have to make two separate calls to two separate systems.* *The DSS EVV system contains all services and information necessary to bill the services to HPE's Medicaid Management Information System (MMIS) system, and can provide complete information regarding the visit back to the agency (either in a timesheet report or as part of a full visit export).*
e.	Patient account number (CT MMIS term) currently is a user entered field in DSS EVV system, at least 1 agency uses field to track claims each claim submission has a unique number. Sandata's claim record ID should be removed from this field.	***Response:*** *DSS is evaluating this request pending cost estimates and timelines, to assess feasibility.*

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f.	Physician Order Signature receipt is a currently a user entered field in DSS EVV system	*Response:* *DSS is evaluating this request pending cost estimates and timelines, to assess feasibility.*
g.	Concerns about data quality issues being returned to agency EMR system	*Response:* *No specifics were provided. The Department needs more information to respond to this concern.*
h.	Estimated additional unfunded cost per visit $2.50	*Response:* *While the agency that made this assertion has not provided any evidence to DSS or HPE for review, Sandata has not seen costs like those claimed by this agency in any of the other states in which it has implemented EVV.* *For most agencies, the use of an integrated scheduling system is anticipated to reduce agency overhead by limiting claim submission only to those that have been authorized.* *Also, automated production of invoices by the EVV system is expected to reduce error and rework time, and to significantly reduce the number of incorrect invoices.* *Caregiver call-in and call-out calls are designed to be quick and unobtrusive. Sandata's experience in other states indicates that these average less than 25 seconds to perform.*
6.	DSS EVV System does not support all payroll needs for the provider, examples given Travel/Mileage reimbursement	*Response:* *The CMAP EVV system is not intended to be a payroll replacement tool. It does, however, provide a standard extract of information that can be delivered to third-party payroll systems.*
7.	Increased audit risk for inconsistent data across multiple systems.	*Response:* *The single, statewide EVV system will protect agencies from audit exceptions. The system will only permit providers to bill for services that are both authorized and documented as having been provided.*
8.	Security Concerns: Client data was delivered to the wrong agency	*Response: There is no evidence to support this*

		concern. DSS received one report from an agency that was concerned that it had erroneously received one client. Upon investigation, DSS confirmed that this client was in fact appropriately directed as there was an active service authorization. The agency agreed that this was correct.
9.	Security Concern: MVV App does not allow password resets/changes by the end user	*Response:* *The MVV system does allow users to update their passwords. Password updates must be done directly from the Santrax system, as opposed to updating from individual devices. In Connecticut's Bring Your Own Device (BYOD) model MVV program, individual caregivers must put the MVV application on their personal devices. Given that caregiver cellphones or tablets may change hands, be lost, or be accessed by an unauthorized use, it is important to have safeguards on password changes. By requiring the caregiver to be logged into the Santrax system, or in direct contact with the agency's EVV administrator, the agency can ensure that an authorized caregiver is supplying and or setting the password.*
10.	Security Concern: Access to an agency data can be obtained by changing URL	*Response:* *DSS has become aware that a provider consciously and purposefully manipulated its password to gain access to other agencies' data. This is subject to investigation.* *Immediately upon receiving notice of the actions of this agency, DSS, HPE and Sandata immediately took the following actions:* • *Intercepted access to the system pending investigation* • *Notified agencies using the system of the concern*

		• *Issued new secure credentials* • *Reviewed all accounts within the CT EVV system for potential improper access.* *Sandata continues to analyze the EVV system, and has no evidence to date that a security breach took place or that any PHI was exposed.*
11.	Call in/Call Out does not require multi-Factor authentication	*Response:* *There is no reason or need for the caregiver to be required to have/use a PIN number in addition to a Santrax ID when using the Sandata EVV system. The telephonic call-in / call-out process for Sandata's Santrax system is designed to be fast and easy for the caregiver to use, and the linking of authorizations to schedules to visits to calls ensures that any call that does not correspond to a recognized caregiver or scheduled visit must be reviewed before it could be billed to DSS.* *No Personal Health Information (PHI) or Personally Identifiable Information (PII) is exposed during a telephonic visit call. In cases where the EVV system receives a call from an unrecognized caregiver, the agency is required to manually verify that care has occurred before that visit can be billed. This eliminates the potential for a visit done by an unrecognized caregiver to be automatically billed erroneously.*
12.	Cost of Agencies to have their vendors build scheduling interface	*Response:* *In response to early feedback from providers, DSS chose to cover the costs of technical assistance to agencies and their vendors, as well as validating that interfaces are functioning appropriately and delivering data successfully to the Sandata systems. Provider costs for interfaces are dependent on the scheduling tool and the vendor(s) that the agency has chosen to use. These costs are out of the control of*

		DSS. While the fees billed by individual vendors and software providers will vary, multiple scheduling system vendors (ex. Kantime) have provided scheduling interfaces to their Connecticut program agencies at no charge.
13.	Complications of Call in/Call out process when multiple services are rendered in a single visit	***Response:*** *Although DSS acknowledges that some agencies provide blended visits, services that have different procedure codes must be billed separately. Sandata has provided a new job aide to assist with the Call in/Call out process when more than one client is provided care at the same time.*
14.	Skilled visits are delivered at any time during the day and not scheduled for a specific hour.	***Response:*** *Sandata will reconfigure skilled services to allow the visit to be validated within an 8 hour window, thereby reducing exceptions.*
15.	Home Health aide visits need the ability to enter tasks.	***Response:*** *Sandata will reconfigure Home Health Aide visit validation by allowing tasks to be entered at check out.*
16.	MVV needs to be enhanced to include the service to be delivered. • The caregiver's schedule in MVV makes no reference to the service to be provided. • The task list also needs to be modified. • There are duplicate task descriptions which are due to the duplicate tasks across service types. • The desired solution would be to only list those tasks associated to the scheduled service according to the published task list. • Repetitive and cumbersome for those who not very proficient in English.	***Response:*** *Sandata will reconfigure the task list within MVV to eliminate duplicate tasks and to associate the task to the specific service. DSS anticipates adding the service description to the schedule within the MVV application in the near future.*
17.	Unconfirmed complaint by provider on MVV: Once the employee selected the tasks it does not load them as a complete task but then the individual has to go back a mark every task as completed or not!	***Response:*** *The task confirmation is intended to allow the caregiver to reflect that a client refused a specific service task as part of the visit.*

18.	Reduce exceptions by adding an alternate client address to be used in visit validation to eliminate many exceptions due to a bad address in the Department's eligibility system.	***Response:*** *DSS anticipates adding additional client locations to reduce the number of MVV exceptions due to an outdated address in the Department's eligibility system.*
19.	Reduce exceptions by eliminating exception "Call time outside payor tolerance" when the visit does not occur at the time scheduled. For example, this should not set when the schedule is 10:00 – 11:00 and the check-in is 10:08 and the check-out is 11:10. The too short/too long visit exceptions are sufficient. This should allow skilled visits to occur at any time during the day, and not when the visit is scheduled.	***Response:*** *The payer tolerance window will be increased from 7 to 30 minutes for non-skilled services and from 7 to 4 hours for skilled services in order to reduce the number of exceptions.*
20.	Blended visit: Our FAQ states: For combined services where the services blend and don't have an exact start and end time, what do they do? In the situation where a caregiver is providing multiple services during a single visit, and those services blend together (making it difficult to make individual calls-out for each discrete service), we recommend that the caregiver do their best to call into the EVV system to record the start of care, and then perform a call-out as they transition between activities, recording the tasks they performed on each call-out. Providers have indicated that this causes a missed call-in and tasks are not tied to the correct visit. Research needs to be conducted to validate this claim.	***Response:*** *A missed call-in happens when the call-in occurs closer to the scheduled end visit time than the start time. When the visit call-in/call-out occurs outside the schedule, visit maintenance is required to ensure the claim submitted to DSS contains the correct visit information.*
21.	Provide additional information in the email to the Access Agencies for client condition changes to allow the agency to more easily identify the client. Sandata currently researching this.	***Response:*** *Additional information including the Prior Authorization number will be added to the email text.*
22.	Service description added to the schedule report	***Response:*** *DSS is evaluating this request, pending cost estimates and timelines, to assess feasibility.*
23.	Providers are requesting to create a schedule beyond the	***Response:***

	authorization end date and create an exception until the auth is received. They also indicated that they currently schedule until the end of the authorization but if there is a gap until the new auth is received they will have to create a brand new schedule. They cannot extend the previous schedule.	*Sandata has created a new EVV administrative role that allows a user to schedule visits without an authorization.*
24.	Request to add additional edit schedule and cancellation reason codes	***Response:*** *DSS has solicited feedback from the provider community and will soon update the edit schedule and cancellation reason codes.*
25.	ILST added to the ABI provider's list of services	***Response:*** *This request was fulfilled on 10/21.*
26.	Update to the caregiver roles	***Response:*** *DSS has solicited feedback from the provider community and will soon update the caregiver roles.*
27.	Providers were told by Sandata - both in training and by the Help Desk, that the system will automatically generate the schedules every 2 weeks. They were specifically told that would happen on Friday Evenings. However, that is not actually happening with the system. They have to manually update schedules for every client. There is no report available to say when the schedule is due to be regenerated. They have no way of knowing which client will "fall off the grid" until they start getting exceptions	***Response:*** *Sandata customer care is investigating reported examples of this. This feature was enabled for Connecticut agencies, and it should be fully functional.*
28.	The system is showing time conflicts that do not exist - such as a staff member scheduled for 4-6 pm is showing as a conflict with service from 12-2 pm	***Response:*** *Sandata customer care is researching reported examples to determine what is occurring.*
29.	Agency frustration dealing with two systems (particularly A/R, Payroll, scheduling) Agency assertions: • No test environment • Unable to load schedules via interface • Cannot do payroll through EVV or be ready to bill • Scheduling to the minute (and using that schedule to drive visits and billing) requires the agency to keep the schedule very clean	***Response:*** ***No test environment:*** • *Agencies that elected to use a scheduling interface received detailed specifications as well as access to a dedicated test environment.* • *Agencies that configure their EVV systems for additional services outside of the DSS program,*

	• Agencies have no contract with Sandata	*can request that Sandata provide a user acceptance test (UAT) environment.* • *Companions and Homemakers requested and received such a UAT environment in August, 2016.* ***Unable to load schedules via interface:*** • *Companions and Homemakers was provided with an interface test system as well as a UAT environment in August, 2016.* • *This agency and many other agencies and vendors have successfully tested the delivery of schedule data into the Sandata test systems via their interfaces.* • *Companions and Homemakers has chosen to focus on loading data to their UAT environment.* • *In the process of loading Companion and Homemaker's data, Sandata identified a configuration item that impacted the agency's ability to load schedule information. This related to date ranges and volumes. Sandata has been working directly with this agency to resolve this.* ***The agency cannot do payroll through EVV system:*** *The EVV system is specifically designed to support billing of CMAP related services, and not meant to replace existing agency payroll processes. The agency that reported this concern later informed DSS that its current payroll method is paper-based. There is no reason why its current method of payroll processing cannot continue once the EVV system is in use.* ***Scheduling to the minute requires the agency to "keep the schedule very clean":***

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		DSS needs more information to respond to this concern. The EVV system allows agencies to review and modify visits prior to billing to ensure accuracy. While the system allows scheduling precision to the minute, the majority of services are provided in increments of 15 minutes or one hour. This obviates any concern regarding "to the minute" scheduling. Additionally, the EVV system captures visit times to the minute and applies standard rounding rules to those times to determine overall visit durations. ***Agencies have no contract with Sandata:*** *DSS' contract with HPE ensures that Sandata must adhere to all of the requirements for use and storage of data that apply to the MMIS system.* *Sandata will enter into a direct agreement with agencies that elect to use the EVV system for other lines of business. An example of this is that Companions and Homemakers signed a supplemental agreement contract in August 2016 with Sandata to use the EVV system for their other lines of business*
30.	• Only two languages in system • Will cause less time with patients / clients	***Response:*** *The DSS telephony EVV system and call reference guide materials are currently available in the two most common languages in Connecticut: English and Spanish.* *DSS has concluded, based on objective information from other states that have successfully implemented EVV, that EVV will actually <u>increase</u> the time that caregivers have available to focus on clients.* *The EVV system is focused on ensuring that clients receive the full amount of authorized services from*

		qualified caregivers. The system is designed to allow the caregiver to quickly record his/her time at the beginning and at the conclusion of a client visit. Each of these calls takes less than a minute to complete, and should not occur during actual client interactions. By ensuring that caregivers are at the right location at the correct time, and ready to provide authorized services, the EVV system helps ensure that the caregivers spend the FULL amount of time helping their clientele.
31.	Scheduling reconciled to the minute? (rounding rules)	*Response:* *The EVV system uses established rounding rules and captures time to the minute for calculation of visit durations and missed late visit alerting.*
32.	Who is responsible for damages caused by the system?	*Response: Sandata systems are designed to sustain availability in the event of malfunction primarily through redundant systems. Most past malfunctions have been recovered on the primary datacenter. For systems that run in parallel in multiple datacenters, the secondary datacenter seamlessly takes over. For most issues, Sandata has been able to take part of the system offline and continue live operations using a redundant system.*