



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

September 17, 2018

MEMORANDUM

MEMO NO.
QI-1814

TO: QUEST Integration (QI) Health Plans
Development Disabilities Division
Home and Community-Based Service Providers

FROM: Judy Mohr Peterson, PhD *JMP*
Med-QUEST Division Administrator

SUBJECT: ELECTRONIC VISIT VERIFICATION (EVV)

Pursuant to section 12006 of the 21st Century Cures Act and H.R. 6042, all states must implement an EVV system for certain home and community based services which require an in-home visit by a provider. EVV must be implemented by January 1, 2020 for personal care services and January 1, 2023 for home health care services.

What is EVV?

EVV is a system which electronically captures point of service information.

The EVV system must electronically verify:

- **Type** of service performed
- **Individual** receiving the services
- **Date** of service
- **Location** of service delivery
- **Individual** providing the service
- **Time** the service begins and ends

Med-QUEST Division goals for EVV

- Timely service delivery
- Administrative burden reduction
- Accommodate the lifestyles of members and their families
- Accommodate service provider business decisions and preserve existing investments
- Improved Program integrity and Cost savings – prevention of fraud, waste and abuse

EVV system model design

The Med-QUEST Division (MQD) is partnering with Arizona Health Care Cost Containment System (AHCCCS) to procure a single EVV vendor to implement and operate one statewide EVV system for Hawaii and for Arizona. Although we are jointly procuring an EVV system from a single vendor, the EVV system will allow for separate modifications for MQD and AHCCCS as necessary to meet each state's unique needs. MQD has partnered with AHCCCS for nearly twenty years on several projects, including the management of the Hawaii Prepaid Medical Management Information System (HPMMIS), our main database and system for all claims/encounters and enrollment. Collaborating with AHCCCS maximally leverages funding and staffing resources which will result in an optimal and cost efficient EVV implementation.

In the interest of being as minimally burdensome as possible, MQD and AHCCCS plan to implement an open vendor model. This means that MQD and AHCCCS will contract with one statewide EVV vendor that will be available for use by providers, managed care organizations (MCOs), and the Department of Health Developmental Disabilities Division (DDD) at minimal to no cost. The open model also allows for providers, MCOs and DDD to continue to use any existing EVV system or to choose an alternate EVV system at their own expense. For a detailed description of the MQD and AHCCCS EVV open model design including a list of services subject to EVV, please see attachment A "EVV System Model Design".

EVV Timeline (*timeline is tentative and is subject to change*)

- September 2018 – Release request for proposal
- January 2019 – Vendor selection
- April 2019 – Award contract
- October 2019 – Implement EVV for both personal care services and home health care services

Attachment B is a graphic representation of the timeline.

Request for proposal

MQD and AHCCCS will be soliciting requests for proposals (RFPs) in September 2018. There will be a link to access the RFP on the MQD EVV webpage. Written requests for a copy of the RFP may be requested by email to Mr. Jon Fujii at EVV-MQD@dhs.hawaii.gov or by letter to P.O. Box 700190, Kapolei, Hawaii 96709-0190.

Stakeholder input

MQD has and continues to encourage input for an EVV implementation which will most optimally accommodate all stakeholders as well as be as minimally burdensome as possible.

In February and March, MQD conducted fourteen statewide in-person EVV information sessions in Honolulu, Kapolei, Pearl City, Hilo, Kona, Kahului and Lihue. Video conferencing was also used to further increase participation. See attachment C "Electronic Visit Verification Information Sessions – Feedback" for more information.

In February and March, MQD conducted a voluntary provider survey. Invitations were distributed through email and various face-to-face encounters, including the EVV information sessions held in February and March 2018. See attachment D “Electronic Visit Verification Provider Survey – Feedback” for more information.

MQD has a dedicated webpage (<https://medquest.hawaii.gov/en/plans-providers/electronic-visit-verification.html>) which is regularly updated with the latest EVV news. MQD also has a designated EVV email address: EVV-MQD@dhs.hawaii.gov for all stakeholders to submit questions or comments. MQD has also been engaged in ongoing discussions with QUEST Integration managed care organizations and the Department of Health Developmental Disabilities Division.

For inquires and comments, please call the provider hotline (808) 692-8099, email Mr. Jon Fujii at EVV-MQD@dhs.hawaii.gov, or send letters to P.O. Box 700190, Kapolei, Hawaii 96709-0190.

- Attachment A: EVV System Model Design
- Attachment B: EVV Implementation Timeline
- Attachment C: EVV Information Session Feedback
- Attachment D: EVV Provider Survey Feedback



YH17-0093
 Electronic Visit Verification
 AHCCCS and Med-QUEST EVV System Model Design
 08/07/2018
Decisions are Subject to Change

EVV System Model Design	
➤	AHCCCS and the Hawaii Medicaid Program (Med-QUEST) will jointly solicit from Electronic Visit Verification (EVV) vendors proposals to implement and operate a system ("EVV System" or "System") for AHCCCS, Arizona's State Medicaid Agency, and Med-QUEST, Hawaii's Medicaid Program, in compliance with the 21 st Century Cures Act (Cures Act).
➤	<p>System Model Design Objectives</p> <ul style="list-style-type: none"> • Ensuring timely service delivery for members including real time service gap reporting and monitoring; • Reducing provider administrative burden associated with scheduling and hard copy timesheet processing ; • Accommodating the lifestyles of members and their families and the way in which they manage care; • Accommodating service provider business decisions and preserving existing investment in systems; and, • Generating cost savings from the prevention of fraud, waste and abuse.
➤	<p>Open Vendor Model</p> <ul style="list-style-type: none"> • AHCCCS and Med-Quest plan to implement an open vendor model contracting with one statewide EVV vendor that will be an option available for use by providers and Managed Care Organizations (MCOs). • Providers and Managed Care Organizations (MCOs) may continue to use an existing EVV system or choose to use an alternate EVV vendor. • Statewide EVV vendor will offer a data collection system for providers without a legacy/alternate verification system and a mandated data aggregator. • AHCCCS and Med-QUEST will fund the development of the statewide EVV system. Funding options are currently being explored to compensate for vendor maintenance costs (i.e. devices and transaction fees) of the statewide EVV vendor for Medicaid members receiving services subject to EVV. Funding considerations include financial constraints, administrative and programmatic costs and provider assurances of cost neutrality. • Providers and MCOs choosing to use an existing or alternate system will incur any all and all related costs, including costs related to system requirements necessary to transmit data to the statewide EVV vendor data aggregator.
➤	<p>Services Requiring Electronic Visit Verification</p> <ul style="list-style-type: none"> • Services that will require Electronic Visit Verification can be found in Appendix A (AHCCCS) and Appendix B (Hawaii). Any and all providers who bill for the included service codes will be required to comply with EVV mandated requirements.
➤	<p>Elimination of Paper Timesheets</p> <ul style="list-style-type: none"> • AHCCCS and Med-QUEST will be establishing criteria for limited exceptions to the EVV system requirements when technological infrastructure is limited, unreliable or nonexistent. In addition, when allowable, the use of paper timesheets will be required to be used in combination with a fixed device to generate a code with a time and date stamp to verify the beginning and end of the service delivery.
➤	<p>Data Collection Devices</p> <ul style="list-style-type: none"> • Members and/or the responsible party will be able to choose a device or data collection modality, amongst a set of options, that best fits their lifestyle and the way in which they manage their care.
➤	<p>System Modules</p> <p>The EVV System will include a:</p> <ul style="list-style-type: none"> • Scheduling module to support providers and members/responsible parties in managing the schedule of the Direct Care Worker (DCW) • Service plan module to capture tasks performed and/or the specific habilitation goals supported by the direct service worker/staff • Authorization module to transmit the service authorization from the MCO to the provider
➤	<p>Verification</p> <ul style="list-style-type: none"> • The System will require visit verification from both the DCW and the member/responsible party • The DCW verification will occur both at the beginning and the end of the shift • The member/responsible party will be required to verify the services provided at the end of the DCW's shift • The system will include flexible options for member/responsible verification including, but not limited to, options for responsible parties to verify services remotely, delegate the verification responsibilities to another person of suitable age and discretion, etc.



Appendix A:

Arizona Services Subject to EVV

Service	Service Codes
Attendant Care	S5125
Companion Care	S5135
Habilitation	T2021
Home Health (aide, therapy, nursing services)	Nursing (G0299, G0300, S9123 and S9124) Home Health Aide (T1021) Therapies Physical Therapy (G0151 and S9131) Occupational Therapy (G0152 and S9129) Respiratory Therapy (S5181) Speech Therapy (G0153 and S9128)
Homemaker	S5130
Personal Care	T1019
Respite	S5150 and S5151
Skills Training and Development	H2014



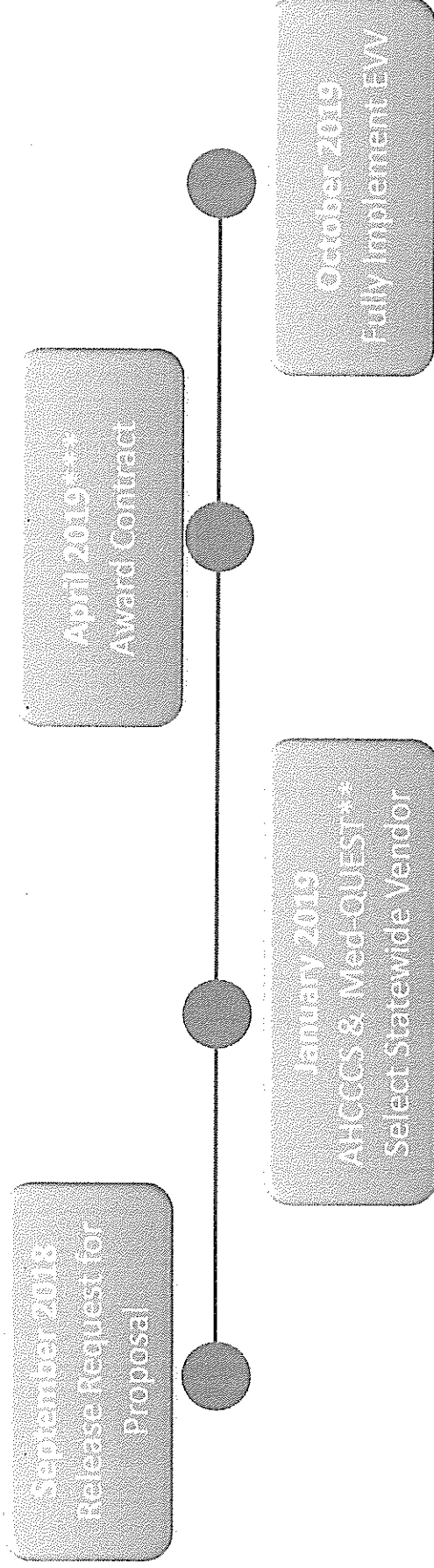
Appendix B

Hawaii Services Subject to EVV

Service	Service Codes
QI – Home Health Services: (State Plan)	
Home Health (aide, therapy, nursing services)	Nursing (G0299, G0163, G0164) Home Health Aide (G0156) Therapies Physical Therapy (G0151, G0159, S9131) Occupational Therapy (G0152, G0160, S9129) Respiratory Therapy (S5180, S5181) Social Worker (G0155) Speech therapy (G0153, G0161, S9128)
QI – HCBS:	
Attendant care	S5125
Personal Assistance–Level I (Chore, Companion or Homemaker services)	S5120, S5130, S5135
Personal Assistance – Level II (Personal Care services)	S9122
Private Duty Nursing	S9123, S9124
Respite care	S5150, S5151, S9125, T1005
DDD:	
Chore	S5120
Personal Assistance/Habilitation (PAB)	99509, S5125
Private Duty Nursing (PDN)	T1000
Respite	S5150, T1002, T1005

Electronic Visit Verification (EVV) RFP YH17-0093 Timeline*

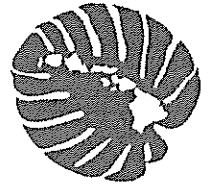
Subject to change



*On July 30, 2018, President Trump signed the law delaying by one year (January 2020) the federal match withholding penalties to States for non-compliance with the EVV mandate in the 21st Century Cures Act.

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***Prior to awarding the contract to an EVV vendor, AHCCCS & MQD must obtain approval from the Centers for Medicare and Medicaid (CMS) and the Arizona Department of Administration, Arizona Strategic Enterprise Technology (ADOA-ASET).



Electronic Visit Verification Information Sessions - FEEDBACK

February to March 2018

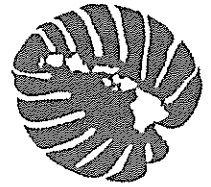
Med-QUEST Division conducted fourteen statewide in-person Electronic Visit Verification (EVV) information sessions in Kapolei, Pearl City, Honolulu, Hilo, Kona, Kahului and Lihue. Video conferencing was also used to further increase participation. These sessions were another way for MQD to gather stakeholder input related to EVV implementation and also a way to learn about the present use of EVV in Hawaii. These sessions were also another way that MQD has fulfilled the requirement as stated in section 120006 of the 21st Century Cures Act (Cures Act) to seek stakeholder input. The feedback from these sessions were instrumental in designing an EVV system which will best accommodate Hawaii's stakeholders.

Altogether, a total of 102 interested parties attended. The attendees represented a varied range of stakeholders: Medicaid beneficiaries, home and community based service providers, Quest Integration managed care organizations, Developmental Disabilities Division from the Department of Health, and EVV vendors. Attendees were presented with an overview of the Cures Act and the EVV requirement, the MQD goals for EVV implementation, and the MQD's next steps on EVV implementation. All attendees were provided the opportunity to speak and all feedback was recorded and is provided in summary in this document. The specific questions and comments collected will be added to this document at a later date.

The majority of feedback focused on the EVV system and costs. There was also feedback about the timeline, affected services, vendor selection, billing, and technology.

More information about EVV in Hawaii can be found at:

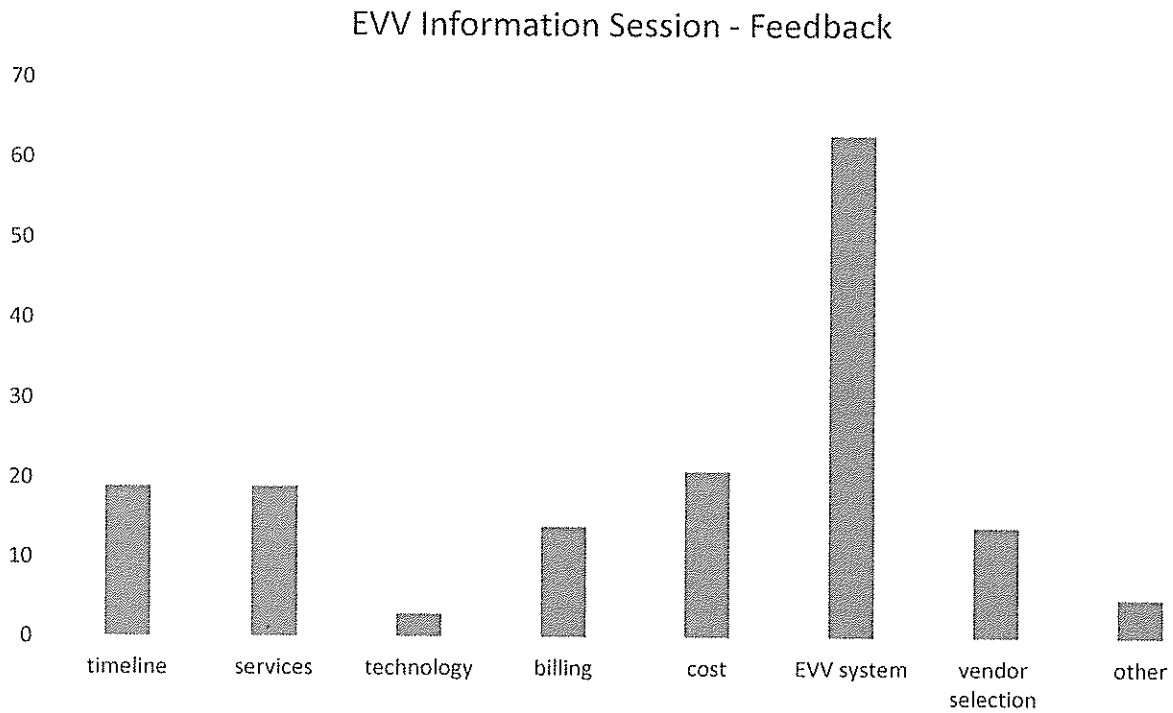
<https://medquest.hawaii.gov/en/plans-providers/electronic-visit-verification.html>

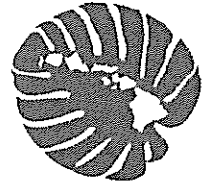


Electronic Visit Verification Information Sessions - FEEDBACK

February to March 2018

FEEDBACK SUMMARY BY GENERAL TOPIC





Electronic Visit Verification Provider Survey - FEEDBACK

February to March 2018

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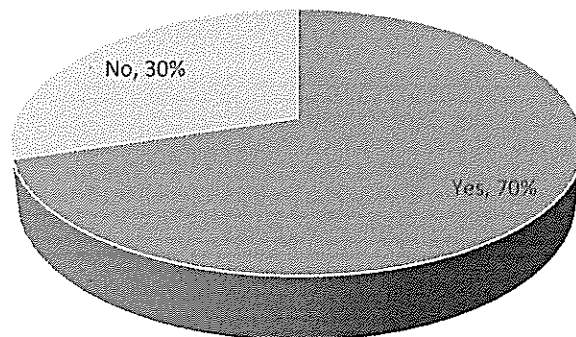
From February through March 2018, a total of 31 responses were received. Four questions were asked about EVV awareness, current practices, and concerns about EVV implementation.

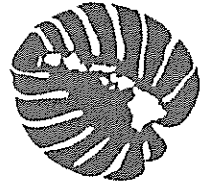
More information about EVV in Hawaii can be found at:

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SURVEY RESULTS

Question 1: Have you heard of electronic visit verification?

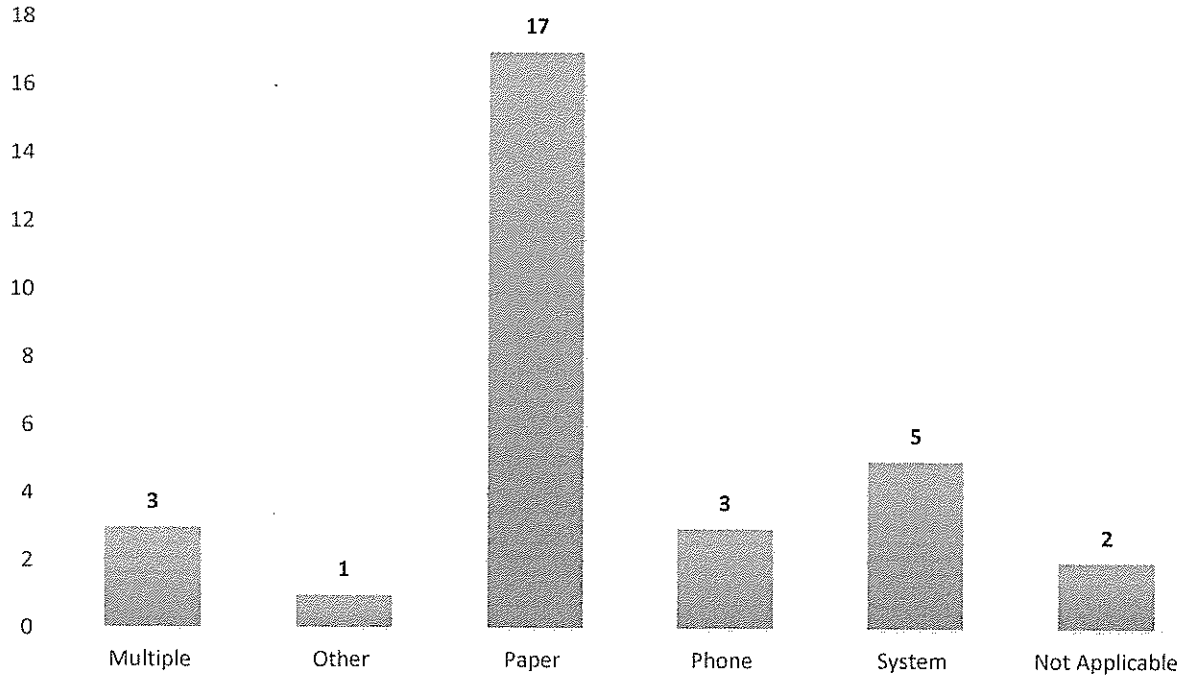


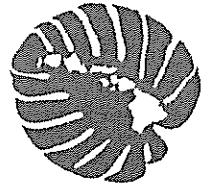


Electronic Visit Verification Provider Survey - FEEDBACK

February to March 2018

Question 2: Please describe your current approach to time and attendance.

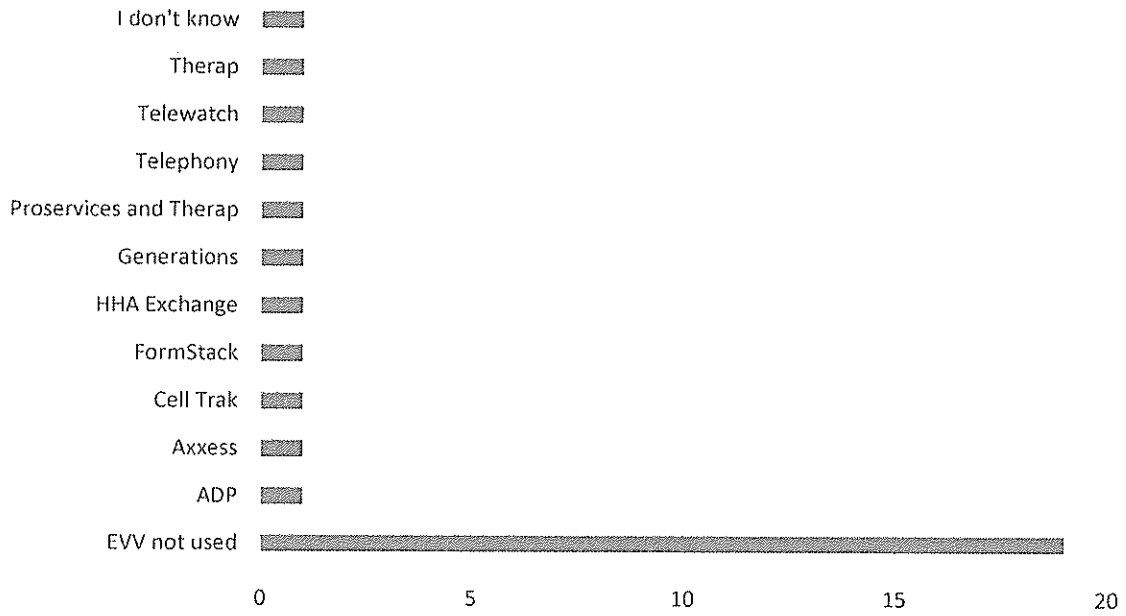


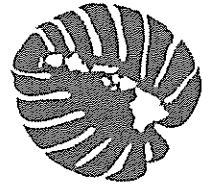


Electronic Visit Verification Provider Survey - FEEDBACK

February to March 2018

Question 3: Does your organization use EVV? If yes, please state the name of the vendor you are working with.





Electronic Visit Verification Provider Survey - FEEDBACK

February to March 2018

Question 4: What are your concerns regarding implementation?

