

EVV Update
Medical Assistance Program Oversight Council
June 14, 2019

Electronic Visit Verification (EVV) is a telephonic, mobile, and computer-based system that documents time and actions taken by caregivers in the homes of HUSKY Health members. EVV supports members by helping them to receive the full complement of services that are included in their care plans. Further, EVV reduces the administrative burden of paper timesheets. Finally, EVV ensures accountability by documenting that the services for which the Department of Social Services (DSS) receives claims, were actually provided. Utilization of an EVV system is a federal mandate established by the 21st Century Cures Act. As enacted, implementation was required by 1/1/19, but this was extended to 1/1/20. Connecticut began implementation ahead of the curve of states, in support of the above goals. DSS chose to use a single, statewide vendor EVV system that allows the state to maintain a real-time, jurisdictional view of any provider at any given point in time. This is the best means of supporting the State in its quality assurance and quality improvement activities, reduces fraud and abuse, and enables direct caregivers to immediately convey information to care managers regarding changes in clients' status. DSS is using SanData Technologies as its EVV vendor because of its existing contract with DXC, the state's Medicaid Management Information System (MMIS) vendor. This enabled DSS to leverage existing interfaces, relationships and contracts. SanData has extensive experience with State Medicaid programs and is recognized as one of the leading national vendors.

1. Enrolled providers:

- The non-medical waiver providers enroll with DXC and are identified specifically as waiver providers. Home health providers enroll directly with DXC, but as providers of home health. They are not flagged as waiver providers.
- 7,000 – 8,000 PCAs are currently working in the self-directed program.

2. Length of time it takes to find a provider to accept a case:

- The time frame for acceptance of requests for skilled providers varies by area but ranges from 1 to up to 10-14 days. Note that some agencies are not willing to accept referrals of individuals who are enrolled in Medicare Advantage plans.
- Non-licensed service provider requests can be filled within 1-3 days.
- Consumers who self-direct services must participate in developing and initiating their care plans, and hiring employees. This can take up to two months to complete.

3. EVV implementation by provider type:

- 87 home health agencies
- 334 CHC Service Providers
- 9 PCA service providers
- 130 ABI service providers
- 51 autism service providers

- 336 EVV users (count includes both skilled and non-skilled)

4. Compliance rate:

- Compliance reports were run for January, February and March, 2010, demonstrating an overall compliance rate of 81%. This includes both skilled and non-skilled. DSS re-published compliance expectations via provider bulletin in April 2019.
- This report is run by AVRS ID, and to separate it out among provider types would require extensive manual lookup of IDs.

5. Cost savings - DSS is in process of developing a standard methodology to capture cost savings.

6. Quality metrics:

System issues:

- 2017:
 - 1 issue with missing client records
 - 1 issue of server down for 4 hours
 - 1 log in issue with SAM, 1 issue with Caregiver Replacement configuration
 - 1 configuration issue related to modifier ZZ
- 2018:
 - 1 issue with assumed call functionality
 - 1 issue with missing schedule times
 - 1 issue of telephony circuit down impacting one of two telephone carriers
 - 1 issue with split shift billing
 - 1 issue with TPL billing
 - 1 issue related to merging clients
 - 1 issue with promotion of the Consecutive Services Enhancement
- 2019:
 - 1 intermittent telephony outage lasting 2 days
 - 1 issue exporting claims
 - 1 issue reporting confirmed visits for claims processing

Issues with mobile app:

- 2017: 1 configuration issue impacting ability to search for new clients and 1 GPS related call timeout issue
- 2018: 2 intermittent log in issues
- 2019: 1 log in issue, 1 upgrade issue

Issues with FVV:

- 2017: 2 issues of device showing wrong time
- 2018 – 2019: No reported issues

7. Call center metrics and responses:

- In 2019, 84.4% of calls were answered in under 30 seconds. Average time to answer for 2019 ranged from 41 seconds to one minute 28 seconds.

Month	Total Number of Calls Received	Number of Calls Abandoned	% Abandoned	Average Time to Answer	Average Call Length	% Answered in 30 Seconds
January	700	48	6.9%	:50	12:10	91.1%
February	572	37	6.5%	:41	13:35	90.0%
March	613	34	5.5%	:54	12:05	85.0%
April	176	17	9.7%	1:28	11:11	76.1%
May	845	94	11.1%	1:06	10:14	79.8%
	2906	230	7.9%			

8. Average duration of nursing visits:

- 57% of med admin visits were 10 minutes or less and 36% were 11-20 minutes.
- 29% of skilled nursing visits were 11-20 minutes and 45% were 21-30 minutes.

Duration	Med Admin Visits	%
10 minutes or less	2306	57%
11 - 20	1439	36%
21 - 30	205	5%
30+	77	2%
	4027	

Duration	Skilled Nursing	%
10 minutes or less	243	6%
11 – 20	1067	29%
21 - 30	1662	45%
30+	748	20%
	3720	