



## New Hampshire Department of Health and Human Services Electronic Visit Verification (EVV) Advisory Council Meeting

Date: September 22, 2020  
Time: 1:00pm-3:00pm  
Location: Zoom Meeting <https://hipaa-unh.zoom.us/j/97890956843>  
Call in option — Dial: +1 646 558 8656 US  
Meeting ID: 967 9095 6843

EVV Advisory Council Member Attendees (via Zoom): Elizabeth Shields, Laura Ringelberg, David Towne, Robert Breig, Amy Foye, Cris Philipson, Michelle Donovan, Denise Germano, Deb Mullen, Gina Balkus, Deb Ritcey, Krystal Sieradzki, Jenn Pineo, Pam Locke, Colleen Cass, Mary St Jacques (IOD), Megan Niemaszyk (IOD), Kim Donica (Mercer)

Members of the Public Attendees (via Zoom): Catherine Flaherty, Katherine Boutin, Andrew Pontbriand, Paul Akin, Tina Holmes

### Agenda and Notes

- Welcome and introductions (UNH-IOD)
  - Attendees introduced themselves and specified their role.
- Stakeholder engagement summary (UNH-IOD)
  - Discussed the six main domains of stakeholder engagement (EVV Advisory Council, EVV Feedback Sessions, Individual Stakeholder Group Meetings, DHHS EVV Email/Distribution List, MCO and Provider Meetings, and the Provider Survey).
  - Discussed in depth the efforts of each domain, including what was accomplished and themes of feedback received.
  - Feedback received:
    - How many providers were sent the provider survey?
      - A: (Mercer) The survey was made publicly available, so it was not sent to a certain list of providers. Recent numbers from DHHS indicated there are between 80-90 providers who provide services subject to EVV. Based on the number of responses received it looks like about ½ of those providers responded. Detail of results of provider survey can be found on the DHHS EVV website.
  - DHHS EVV Email Box is going to remain active and available moving forward even though the Advisory Council will no longer meet.
- Final Draft of Proposed Services (UNH-IOD)
  - This is the final draft with an emphasis on draft, meaning it is subject to change. DHHS has worked hard to pin this list down and will be continuing to work with national organizations (NASDDDS and ADvancing States) around some of these services. Continue

to monitor the website to see if any modifications were made to this list.

- Family friendly list of services — review and discussion (UNH-IOD)
  - NH Family Voices worked to create a family friendly version of the list of services. Mercer is now taking what was created and turning it into an infographic
  - This will be distributed to the EVV Advisory Council group once it is complete.
  
- Device discussion (Mercer)
  - DHHS is planning to move forward with a Bring your own device (BYOD) model.
  - Q: Would this require a device management service to protect the info in case a staff leaves?
    - A: We will add it to the FAQ document after Mercer follows up. There is some capability to remove the device and remove the access from someone's personal device, but the details will be needed.
  - DHHS should clarify if a device must be purchased and where does this funding come from. This information could be included in the FAQ as well.
  
- High level overview of Business Rules, Functionality of Open System (Mercer)
  - System Features:
    - Q: Is a schedule required to be put in or is it a recommendation?
      - A: Depends on the service and if it is participant directed. If a schedule is appropriate and used, then yes, but if consumer directed, no, so that there is flexibility. The option is there, but does not have to be utilized.
  - Business Rules:
    - The tasks will be to identify a more general list to then select from and the DSP will check off what they have done.
    - Q: Service provided meaning the codes provided before?
      - A: Yes.
    - Q: On task form our system puts the care plan in and it lists tasks associated with it. We want to ensure if someone is clocking in under PCA/PCS they are able to check just these activities. Will this work in terms of sending documentation to the state as it is not the comprehensive list of everything, but rather just what is in the care plan.
      - A: We will discuss this with DHHS. Part of the reason to go with the general list rather than a specific list based on a plan is because there is no mechanism to provide DHHS access to all the specific plans. We will discuss this and then put it on the FAQ.
    - Q: The validation of the sign and sign out time is not a current option under GSIL system. They do not necessarily see the start time; they only see the end time. For example, a DSP may start at the pharmacy or supermarket for things for the individual and then they would proceed to the individual's home. This is not currently an option that we have because the clock in signifies the time they start, and they sign in the end. The authorized rep gets the payroll reports, but does not get it every day (or end of every shift). I do not know how attainable this goal will be for the consumer/authorized rep as it is not as easy as it is suggested it could be.
      - A: In some states, the worker doesn't sign into the EVV system until they arrive at the individual's home. DHHS will need to take this feedback under consideration.
    - Q: The method of validation, is this by signature?
      - A: There is a variety of ways including signature, voice, etc. There must be flexibility here.
    - Q: How does the MCO fit in regarding providers submitting claims to the DHHS EVV system?
      - A: It is a complicated process flow that is being worked through with

DHHS. The MCO must be able to view the visit data to compare claim to the visit data. The visit data will be sent to the state's aggregator and then that data will be sent to the MCO and they will adjudicate the claim in their system.

- Q: Many HCBS organizations are a single payer source (i.e., Medicaid). There are other organizations that have other payer sources. We cannot have this process complicate how to process payroll if there are delays in payment.
  - A: To clarify, you want to ensure that nothing slows down the claims payment in order to be able to pay staff.
  - The Area Agencies are equally concerned about this regarding having some claims go through the EVV system and some through MMIS. Area Agencies and providers provide other services that are not subject to EVV.
- Q: Would we be using an 837 format to upload into the EVV system?
  - A: Requirements include the ability to intake the 837s and process them. The intent is to send this data to Conduent's MMIS system.
- Comment: Rather than use EVV data as part of a pre-adjudication process, we should audit it on the back end? We should work the system, do what is necessary to help detect fraud, but let's audit on the back end to see scope that we are looking for. We could leverage the safety measures that are there up front with an EVV system to help mitigate the fraud and then let's see what fraud still exists on the back end through an audit.
- Q: Is there an opportunity for the State to work with agencies who have their own systems to figure out how to best "mesh" the data together?
  - A: Desire for specifications for the interface. Until the State has their vendor on board, this information is not available. There will be interfacing with other systems and a process for this.
- Q: Is it a federal requirement that the claims go through the EVV system or is it that the State must validate?
  - A: Requirement from CURES Act is that DHHS must use EVV data as part of the claims process, but does not dictate the specifics of this. This could be pre-payment or as part of a post-payment review process. For pre-adjudication, the claim would edit against the following components of EVV data: individual, date of service, type of service, and the units associated.
- Q: When the State surveyed providers, did you ask providers if they have an EVV system and do they sync with the claims?
  - A: Uncertain if this was a specific question on the survey. We asked about features of their EVV systems.
  - GSIL submits claims directly from the EVV system.
- DHHS Plan for the EVV Advisory Council in the future and next steps (Mercer)
  - DHHS is committed to on-going stakeholder involvement which is key as DHHS moves towards implementation. DHHS will continue to work on their RFP and getting it issued, continuing to move the process forward. The EVV mailbox will still be available for people to submit questions. Continue to monitor the DHHS EVV website for any updates.
  - Q: Will the EVV Advisory Council be able to review the RFP draft prior to it being answered?
    - A: We will bring this back to DHHS and circle back with you.
  - Feedback:
    - NH Family Voices is very thankful for receiving the input and feedback from this group and putting it into motion and making sure that families' voices are heard.
- Members of the Public – Comments and Feedback (Everyone)
  - No further feedback received from the public