

HealthStar EVV System Overview

September 2, 2015

Mark Dillon

HealthStar EVV

Overview

- Provider View
 - GPS Enabled Tablet
 - Mobile Application
 - Authorizations/Appointments/Scheduling
 - Manual Confirmation
 - Schedule Deviation
 - Documents
 - Dashboard/Inbox
 - Reports
 - Payer View

GPS Enabled Tablet



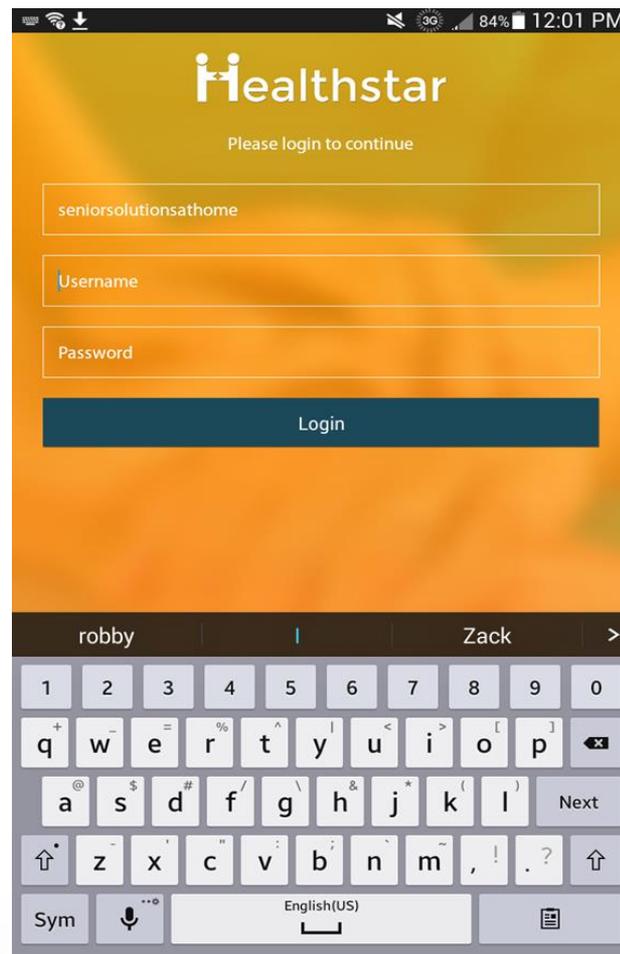
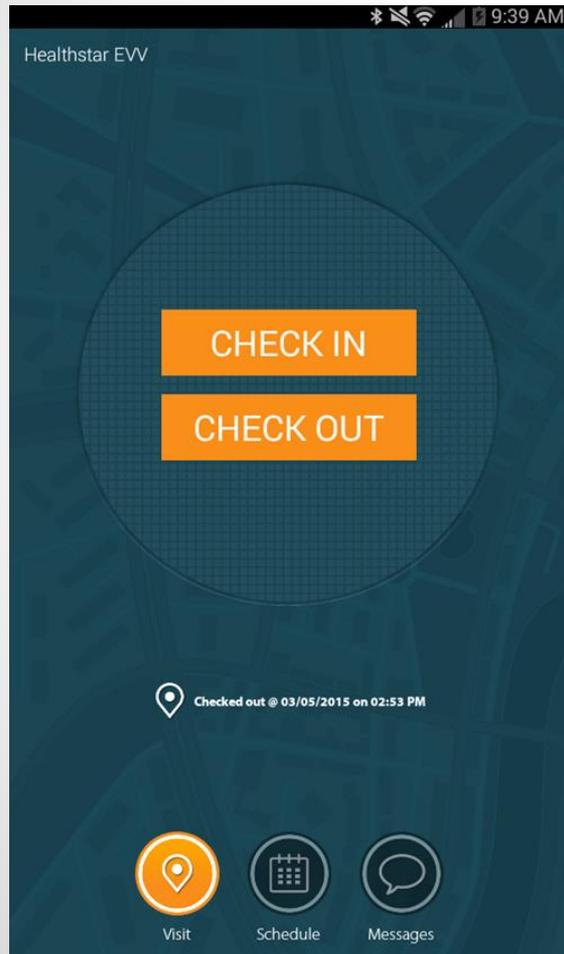
GPS Enabled Tablet

- Samsung Tab 4 Tablet
 - Cellular Enabled (M2M data plan)
 - Wifi enabled (but not utilized)
- Mobile Device Manager
 - Over the air management of the hardware settings, software, and mobile applications.
 - Tablet administered in a Kiosk, single use mode.
 - Systematic reporting of the Tablet either via the user, or, automatically as provisioned.
- Tablet Use Case
 - Visit Verification
 - Member Engagement
 - Provider Messaging
 - Remote Care Management

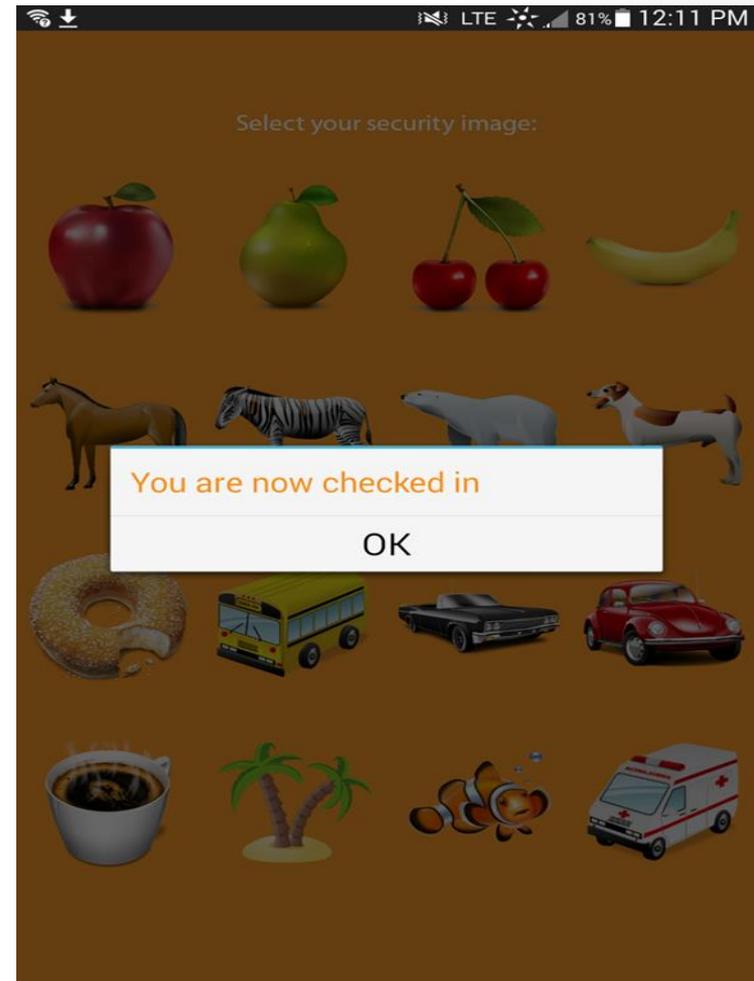
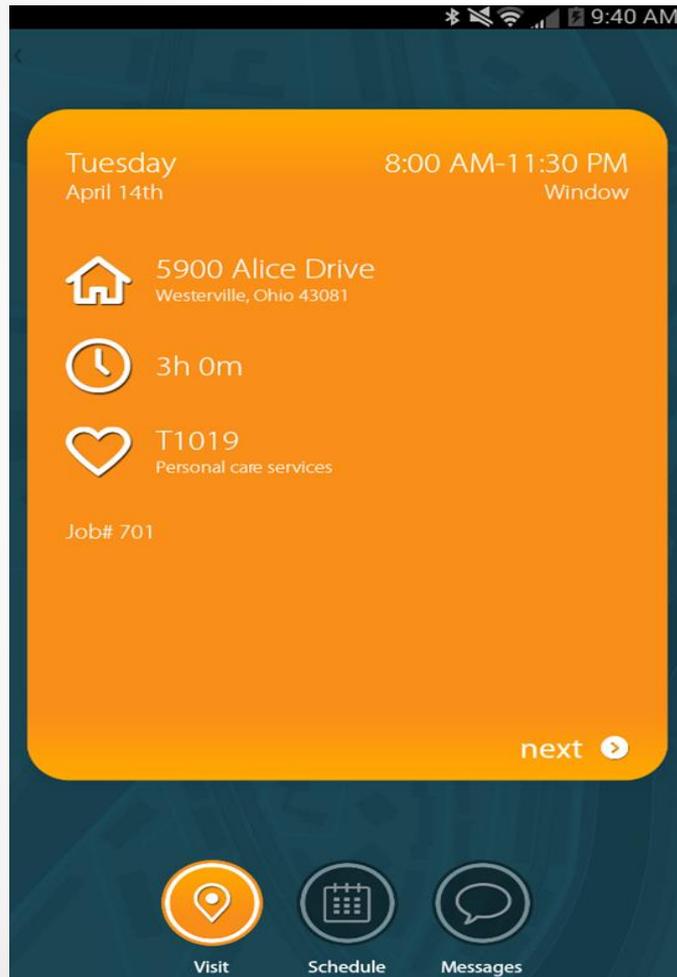
Checking In For an Appointment

- Providers are given 3 options for logging into an appointment: The member's static device (tablet), BYOD (smartphone app on the worker's phone), and telephony.
- The static device & BYOD record the GPS coordinates of the clock-in are stored and captured.
 - The clock-in/out must occur within a specific radius of the member's address (default 100m.) This radius can be adjusted by the **MCO if necessary.**
- Telephony as a final option, if member has a landline.

Checking In Tablet/BYOD



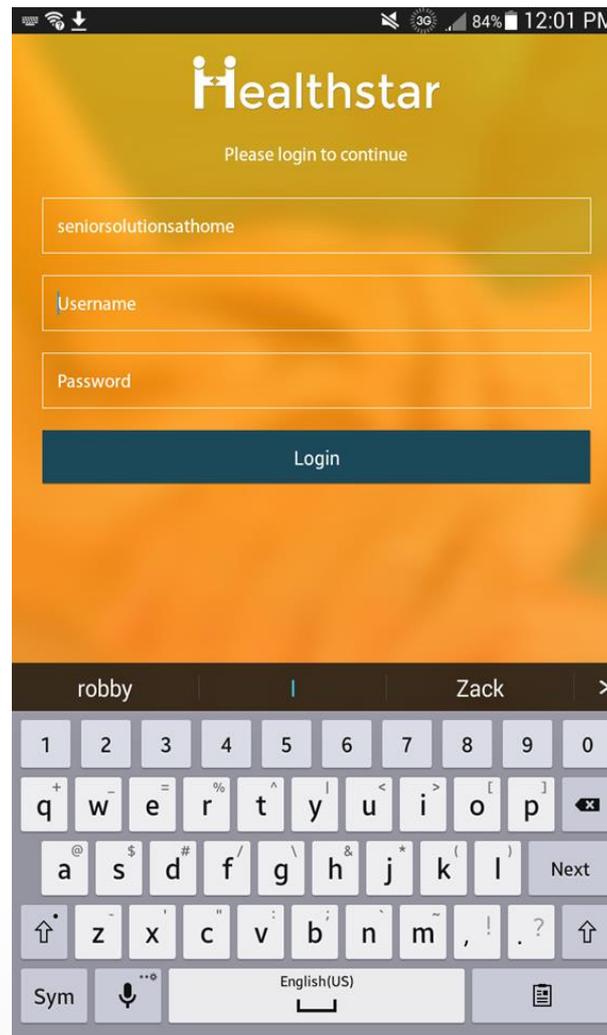
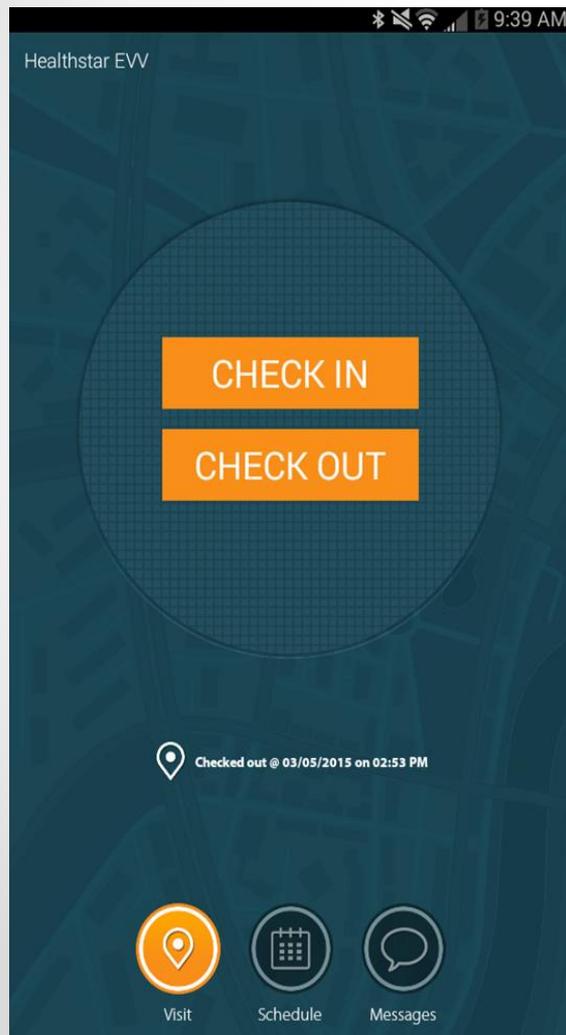
Checking In Tablet/BYOD



Checking Out

- When checking out from an appointment, the caregiver will need to use the same clock-in method used upon arrival.
- The caregiver will need to enter tasks performed during the visit, answer questions related to the member, enter any visit notes and sign for the check-out.

Checking Out



Recording Tasks

Healthstar EVV

9:46 AM

Task Codes

Check box of each performed task...

- Grooming
- Dressing
- Nail care
- Feeding
- Transferring
- Use of assistive devices
- Caring for other physical needs
- Training & encouraging family caregivers
- Safety monitoring
- Assistance with self administration of medicines
- Monitoring medical condition & ADL ability
- Care coordination with member or family
- ADL skill development
- Documenting & communicating change in member's condition

next >

Visit Schedule Messages

Service/Care Notes

Questions

1 of 7

Did the member experience any falls during this shift?

Yes

No

Questions

3 of 7

Did the member have any visitors or social interaction during this shift?

Yes

No

Questions

2 of 7

Did the member exhibit any significant changes in condition during this shift?

Yes

No

Questions

4 of 7

Did the member have any appointments during this shift?

Yes

No

Service/Care Notes

Questions

5 of 7

Has the member exhibited a change in their typical orientation?

Yes

No

Questions

7 of 7

Has the member had a hospitalization since the last time the provider was present?

Yes

No

Questions

6 of 7

Has the member had an emergency room visit since the last time the provider was present?

Yes

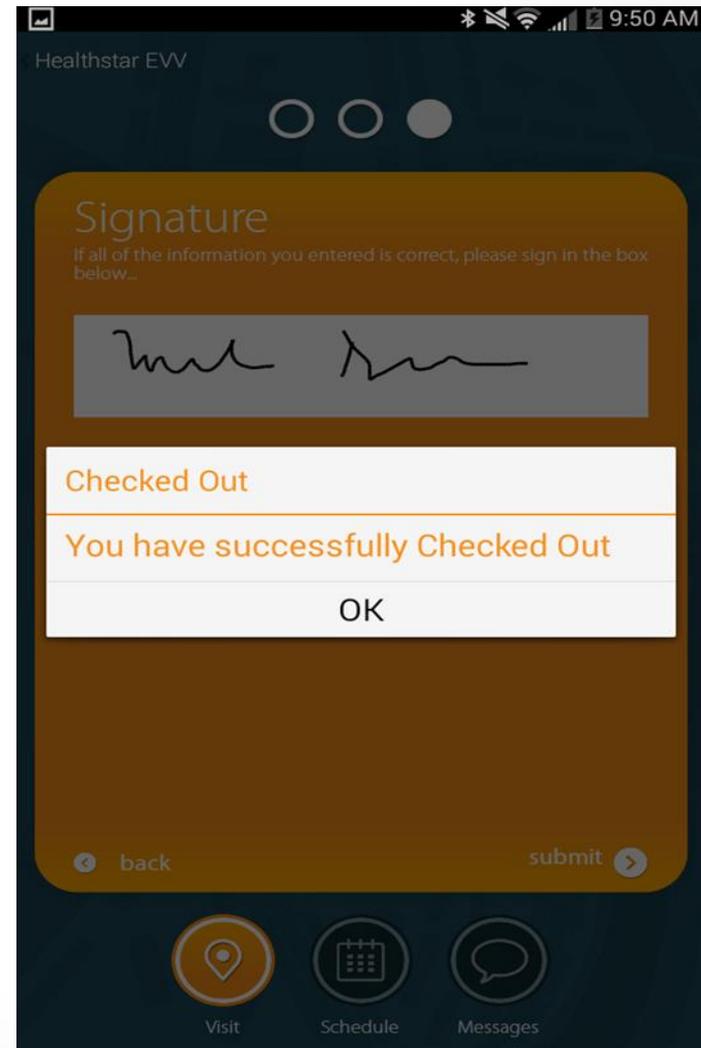
No

Notes

Enter additional notes below...

Free form visit notes can be added to each visit record.

Signature Tools



GPS Appointment Record

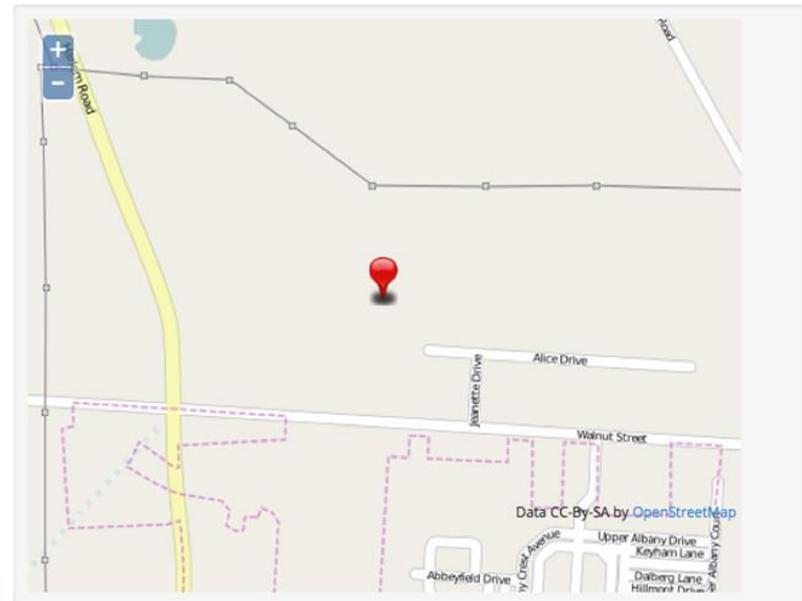
- The appointment record will show all of the appointment information for that specific visit.
- The GPS indicator next to the Check-In/Check-Out time will show the map of where the clock-in/out occurred.

Appointment Record #701

Made by:	Unknown (on 4/2/15 at 12:29 PM EDT)	
Employee:	Test User	 
Rate:	\$0.00	
Member:	Tim Berners-Lee	
Address:	5900 Alice Drive, Westerville, Ohio 43081	
Authorization:	Ref. No. 1039878311AC	
Date:	4/14/15	
Scheduled Start:	8:00 AM - 11:30 PM EDT	
Visit Length:	3h 0m	

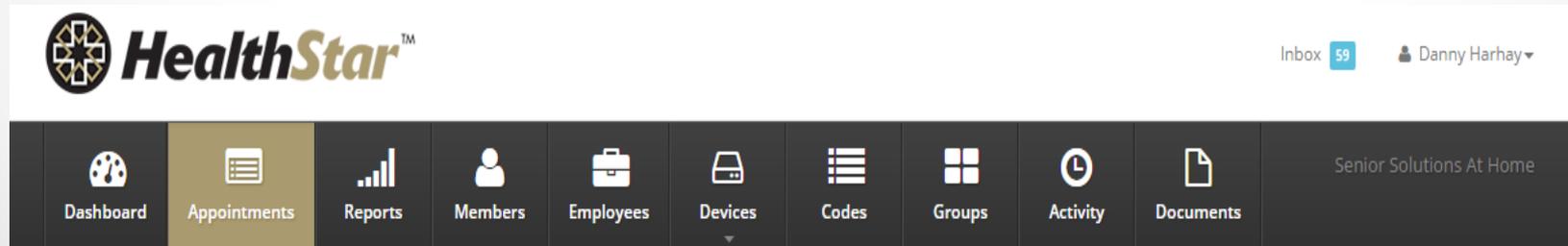
	Check-in	Check-out
GPS Time	4/14/15 9:40 AM 	4/14/15 9:45 AM 

Map



Appointments Tab

- Providers can view the authorizations and appointments from the “Appointments” tab.
- Providers no longer need to schedule appointments. Appointments are scheduled based on the authorization.



Appointments Tab

- Easily search, sort and track appointments throughout the different stages.
 - Stage 1 – Assign a worker (not required)
 - Stage 2 – Check in to appointment
 - Stage 3 – Check out of appointment & complete care notes

Appt. Record	Employee	Member	Start Time ▲	Visit Length	HCPCS	MOD	Units	Auth. Ref. No.	Stage	
#701	Test User	Tim Berners-Lee	4/14/15 8:00 AM - 11:30 PM EDT	3h 0m	T1019	U1	12 / day	1039878311AC	<div style="width: 100%; height: 10px; background-color: #ccc;"></div>	Export Claim
#702	Test User	Tim Berners-Lee	4/15/15 8:00 AM - 11:30 PM CDT	3h 0m	T1019	U1	12 / day	1039878311AC	<div style="width: 25%; height: 10px; background-color: #ccc;"></div>	Enter Visit Notes
#703	Test User	Tim Berners-Lee	4/16/15 8:00 AM - 11:30 PM CDT	3h 0m	T1019	U1	12 / day	1039878311AC	<div style="width: 0%; height: 10px; background-color: #ccc;"></div>	Assign employee

Appointments Functionality

- View details about that specific appointment.
- View details about that member, including all of their authorizations for that provider.
- View information about that specific authorization for the appointment.
- Assign a worker to that visit (not a requirement).

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Manual Confirmation

- A manual confirmation is submitted by the provider when they are trying to get paid for a visit that is late, missed, visit length deviates from authorization, no authorization on file, split visits, more than 1 worker per visit, or when no check-in/out is recorded for the member.
 - All visits stored utilizing GPS location information are available to the Provider to attach to a visit record.
 - Member addresses can be added to the Member record through stored check-in/out GPS location information.
- Manual Confirmation provide enhanced program integrity tools for the Payer.
- Providers are able to systematically request confirmation for visits in a challenging mobile care delivery environment.

Schedule Deviation

- Schedule deviations are done when an appointment needs to be rescheduled.
- The only information that can be adjusted for appointments are the date and the start time.
- The visit length, check-in window, provider and service code will remain the same.
- If 'Member Cancelled' is selected as the Reason for a schedule deviation, the appointment will automatically be cancelled and no alert will be created.
- The MCO must approve all schedule deviations.



Authorization Requests

- Providers have the ability to request authorizations from the MCO through the “Members” tab.

Dashboard Appointments Reports **Members** Employees Devices Codes Groups Activity Documents ABC Home Care

Search by first, last, member id...

Pat. Record	First Name	Last Name	# of Auths.	Primary Address
#123456789	Paul	Allen	13	414 Union St Nashville TN 37219
#123456790	Marc	Andreessen	12	22 Century Blvd Nashville TN 37214
#123456791	mm			22 Century Blvd Nashville TN 37214

Member Record #123456790

Name: Marc Andreessen
Status: Active (Last verified: 10/17/14 2:18 PM CDT)
Primary Phone Number: (319) 555-2345
Alternate Phone Number(s): (909) 641-5356
Email Address: ma@example.com
Primary Address: 22 Century Blvd, Nashville, TN 37214
Region:
Elig Begin Date:
Elig End Date:

Ref. No.	Start - End	Modifiers	Schedule	Units	HCPCS
1039878310	10/16/14 - 12/14/14	U1	Sunday 8:00 - 20:00 (12 units) Monday 8:00 - 18:00 (12 units) Tuesday 8:00 - 18:00 (12 units) Wednesday 8:00 - 20:00 (12 units) Thursday 8:00 - 18:00 (12 units) Friday 8:00 - 18:00 (12 units) Saturday 8:00 - 20:00 (12 units)	828	T1019

Sunday 11:50 - 12:00

Authorization Requests

- Providers will need to enter the coding and schedule information to request the authorization.

Request Authorization

Patient Information

Schedule ← Click to see enter requested schedule and related coding

Coding ←

Cancel Send Request

Request Authorization

Patient Information

Schedule

Coding

Service Code

SS100 - ADULT DAYCARE SERVICES

ICD-9 Codes 0

Please enter 2 more characters

Cancel Send Request

Schedule

Start Date 02/19/2015

End Date 02/26/2015

Unit Limit 0

Day	From	To	Units
Sunday	8:00 AM	8:00 AM	0
Monday	8:00 AM	8:00 AM	0
Tuesday	8:00 AM	8:00 AM	0
Wednesday	8:00 AM	8:00 AM	0
Thursday	8:00 AM	8:00 AM	0
Friday	8:00 AM	8:00 AM	0
Saturday	8:00 AM	8:00 AM	0

Total Units 0

Claiming

- Providers can submit a claim directly from the “Appointments” tab in the EVV once all three stages of the appointment have been completed.
 - Stages progress systematically – requiring only the need to export the claim.

The screenshot shows the 'Appointments' tab in the EVV system. The navigation bar includes Dashboard, Appointments, Reports, Members, Employees, Devices, Codes, Groups, Activity, and Documents. The main content area has filters for Start After (05/13/2015), Start Before (05/20/2015), Stage (All), Employee Group (All), and Member Group (All). Below the filters are search boxes for Authorization No., Member, and Employee. The main table displays appointment records with columns for Appt. Record, Employee, Member, Start Time, Visit Length, HCPCS, MOD, Units, Auth. Ref. No., Stage, and an action column. The 'Stage' column shows progress bars for each appointment. The 'Export Claim' button is highlighted in the first row, and a green callout box points to it with the text: 'Click Export Claim when all three Stages of Appointment are complete'.

Appt. Record	Employee	Member	Start Time	Visit Length	HCPCS	MOD	Units	Auth. Ref. No.	Stage	Action
#735	Test User	Tim Berners-Lee #123456791	5/13/15 8:00 AM - 11:30 PM PDT	3h 0m	T1019	U1	12 / day	1039878311AC	Progress Bar	Export Claim
#736	Test User	Tim Berners-Lee #123456791	5/14/15 8:00 AM - 11:30 PM CDT	3h 0m	T1019	U1	12 / day	1039878311AC	Progress Bar	Enter Visit Notes

Documents

The screenshot displays the HealthStar web application interface. At the top left is the HealthStar logo. On the top right, there is an 'Inbox 59' notification and a user profile for 'Danny Harhay'. Below the header is a dark navigation bar with icons for Dashboard, Appointments, Reports, Members, Employees, Devices, Codes, Groups, Activity, and Documents (which is highlighted). To the right of the navigation bar, the text 'Senior Solutions At Home' is visible. Below the navigation bar is a 'Document Uploads' section. It features a table with columns for 'File Name', 'Type', 'Date', and 'Size'. Below the table are three buttons: '+ Add files...' (green), 'Start upload' (brown), and 'Cancel upload' (orange).

- Documents uploaded by the provider or caregivers for their members.
- They will be able to search by document type (authorizations, time sheets, signatures, other) as well as file name.
 - Signature
 - Time Sheet
 - Plan of Care

Provider Dashboard/Inbox

Dashboard
Appointments
Reports
Members
Employees
Devices
Codes
Groups
Activity
Documents
ABC Home Care

Schedule Deviation Requests

Request ID	Status	Last Update ▾	Member Name	Date	Time	Service Code	Action
#10	Pending	Apr 14, 2015 9:13 AM CDT	Tim Berners-Lee	Apr 15, 2015	12:30 PM - 4:15 PM CDT	T1019	Cancel ▾

Manual Confirmation Requests

Status	Req. Date	Start	End	Member	Appointment	Latest Comment	
Pending	3/30/15 10:40 AM CDT	3/30/15 9:01 AM CDT	3/30/15 10:00 AM CDT	123456791 - Tim Berners-Lee	682		detail

First
Prev
1
Next
Last

Authorization Requests

Member Name	Member ID	Last Update ▲	Start - End	Days and Units	Unit Limit	HCPCS	ICD9	Status
Marc Andreessen	123456790	Dec 1, 2014 4:45:32 PM	12/05/14 - 12/05/14	Fri (4 units)	16	T1019		Approved - stand by for new authorization
Paul Allen	123456789	Jan 5, 2015 10:32:44 AM	01/12/15 - 01/13/15	Mon (10 units)	10			Approved - stand by for new authorization

Provider Dashboard/Inbox

Pending Status Change Requests

Member	Request Date ▲	Requested Status	Facility Name	Facility Contact	Start-End Date	Date Changed
Paul Allen	Apr 7, 2015	Hospital	Mt Carmel	Mark Dillon	Apr 7, 2015 - Apr 10, 2015	Apr 7, 2015

Unresolved Late & Missed Visits

Date & Time ▲	Employee	Member	Status	Reason Code	Resolution Status	
4/7/15 8:00 AM - 11:30 PM EST	Test User	Tim Berners-Lee	Missed	Member on Vacation/Out-of-Town	Visit was Made-Up by UnPaid Support	save
4/8/15 8:00 AM - 11:30 PM CST	Test User	Tim Berners-Lee	Missed	Staff Scheduling Issue	Visit was Not Made-Up	save
4/9/15 8:00 AM - 11:30 PM CST	Test User	Tim Berners-Lee	Missed	Worker Forgot to Clock In/Out	Visit was Made-Up by Paid Support - Worker	save
4/10/15 8:00 AM - 11:30 PM CST	Test User	Tim Berners-Lee	Missed	Staff Scheduling Issue	Visit was Not Made-Up	save
4/11/15 8:00 AM - 11:30 PM CST	Test User	Marc Andreessen	Missed	Staff had Transportation Issue	Visit was Made-Up by Paid Support - Provider	save
4/12/15 8:00 AM - 11:30 PM CST	Test User	Tim Berners-Lee	Missed	Staff Scheduling Issue	Visit was Not Made-Up	save
4/13/15 8:00 AM - 11:30 PM CST	Test User	Tim Berners-Lee	Missed	Staff Scheduling Issue	Visit was Not Made-Up	save

Confirmed Visits

Appt. Record	Date & Time	Auth. Ref. No.	Member	Employee	
#385	11/6/14 10:32 AM - 10:33 AM EST	1039878310	123456790 - Marc Andreessen	Test User	
#446	11/7/14 9:35 AM - 9:36 AM EST	1038061070	123456789 - Paul Allen	Test User	
#392	11/13/14 10:30 AM - 11:30 AM CST	1039878310	123456790 - Marc Andreessen	Test User	Manually Confirmed

Reports

The screenshot displays the HealthStar web application interface. At the top left is the HealthStar logo. On the top right, there is an 'Inbox 59' notification and a user profile for 'Danny Harhay'. Below the header is a dark navigation bar with icons for Dashboard, Appointments, Reports (highlighted), Members, Employees, Devices, Codes, Groups, Activity, and Documents. To the right of this bar is the text 'Senior Solutions At Home'. Below the navigation bar is a filter section with the following fields: Report Type (Appointments), Quick Filter (None), Visit Status (Any), Claim Status (Any), Start date (05/13/2015), and End date (05/20/2015). Below these are Member (Any), Deviation (Any), and Show Visits (With or without Care Notes). At the bottom of the filter section are buttons for 'View Report', 'CSV', and 'Save Filter'.

- Providers have the ability to run numerous reports via their “Reports” tab.
- Frequently requested reports can be “saved” eliminating unnecessary work for Providers.

MCO Dashboard

- The “Dashboard” tab is a very crucial tab for the MCO to monitor and keep up to date. Information housed on the “Dashboard” tab will include:
 - File import history
 - Schedule deviation requests
 - Manual confirmation requests
 - Authorization requests
 - Late/missed visit summary by provider
 - Member status changes

MCO Dashboard

Dashboard Providers Members Authorizations Reports Documents Activity

Imports History Exclude Incomplete Auth Only ↕ ↺

Type	Received Date/Time	Recorded Date/Time	Processed	Results						Notes	
				Updates	Creates	Deletes	Errors	Notes			
AUTH	8/3/15 6:10 PM EDT	8/3/15 6:10 PM EDT	100%	1	0	0	0	0		🔍 Download CSV	
AUTH	8/3/15 12:50 PM EDT	8/3/15 12:50 PM EDT	100%	0	7	0	0	0		🔍 Download CSV	
AUTH	7/27/15 2:20 PM EDT	7/27/15 2:20 PM EDT	100%	0	1	0	0	0		🔍 Download CSV	
AUTH	7/24/15 5:40 PM EDT	7/24/15 5:40 PM EDT	100%	1	5	0	0	0		🔍 Download CSV	
AUTH	7/24/15 5:30 PM EDT	7/24/15 5:30 PM EDT	100%	6	0	0	0	0		🔍 Download CSV	
AUTH	7/24/15 5:10 PM EDT	7/24/15 5:10 PM EDT	100%	2	5	0	0	2		🔍 Download CSV	
AUTH	7/23/15 5:31 PM EDT	7/23/15 5:31 PM EDT	100%	4	0	0	0	0		🔍 Download CSV	
AUTH	7/23/15 4:08 PM EDT	7/23/15 4:08 PM EDT	100%	4	0	0	0	0		🔍 Download CSV	

MCO Dashboard

Schedule Deviation Requests							3 pending
Request ID	Status	Last Update ▾	Member	Provider Name	Date	Time	Action
#241	APPROVED	Aug 26, 2015 2:46 PM EDT	Mark Dillion	ABC Home Care	Aug 27, 2015	8:00 AM - 10:00 AM CDT	None Available
#238	UNAPPROVAL REQUESTED	Aug 26, 2015 2:45 PM EDT	Mark Dillion	ABC Home Care	Aug 27, 2015	8:00 AM - 10:00 AM CDT	Unapprove ▾
#239	PROVIDER CANCELED	Aug 26, 2015 2:40 PM EDT	Maggie Parker	ABC Home Care	Aug 27, 2015	6:40 AM - 10:40 PM CDT	None Available
#240	APPROVED	Aug 26, 2015 2:39 PM EDT	Mark Dillion	ABC Home Care	Aug 31, 2015	8:00 AM - 12:00 PM CDT	None Available
#223	PROVIDER CANCELED	Aug 26, 2015 1:07 PM EDT	John Smith	ABC Home Care	Aug 21, 2015	9:45 AM - 9:45 PM CDT	None Available
#232	PROVIDER CANCELED	Aug 26, 2015 1:07 PM EDT	Maggie Parker	ABC Home Care	Aug 26, 2015	3:35 PM - 4:35 PM CDT	None Available
#233	PROVIDER CANCELED	Aug 26, 2015 1:07 PM EDT	Maggie Parker	ABC Home Care	Aug 26, 2015	12:00 PM - 4:00 PM CDT	None Available
#234	PROVIDER CANCELED	Aug 26, 2015 1:07 PM EDT	Maggie Parker	ABC Home Care	Aug 27, 2015	8:00 AM - 9:00 AM CDT	None Available
#237	APPROVED	Aug 26, 2015 9:39 AM EDT	Bob Hines	ABC Home Care	Aug 26, 2015	1:00 PM - 3:00 PM CDT	None Available
#231	CANCELED	Aug 26, 2015 9:38 AM EDT	Maggie Parker	ABC Home Care	Aug 27, 2015	8:30 AM - 9:30 AM CDT	None Available

MCO Dashboard

Manual Confirmation Requests								18 pending
Status	Req. Date	Start	End	Provider Name	Member	Appt	Latest Comment	
PENDING	8/27/15 8:26 AM CDT	8/25/15 8:00 AM CDT	8/25/15 10:00 AM CDT	ABC Home Care	133456794 - Bob Hines	2151	8/27/15 8:31 AM CDT	
APPROVED	8/27/15 8:26 AM CDT	8/27/15 8:21 AM CDT	8/27/15 9:21 AM CDT	ABC Home Care	133456795 - John Smith	2275		
APPROVED	8/26/15 1:13 PM CDT	8/26/15 7:23 AM CDT	8/26/15 7:25 AM CDT	ABC Home Care	133456793 - Maggie Parker	2395		
APPROVED	8/26/15 12:57 PM CDT	8/26/15 8:00 AM CDT	8/26/15 10:00 AM CDT	ABC Home Care	133456793 - Maggie Parker	2030	8/26/15 1:01 PM CDT	
PENDING	8/18/15 9:01 AM CDT	8/17/15 8:39 AM CDT	8/18/15 8:25 AM CDT	ABC Home Care	133456794 - Bob Hines	2144		
PENDING	7/17/15 6:10 PM CDT	7/17/15 1:45 PM CDT	7/17/15 5:45 PM CDT	ABC Home Care	123456789 - Paul Allen	813	8/13/15 8:05 AM CDT	
PENDING	7/17/15 5:45 PM CDT	7/17/15 1:45 PM CDT	7/17/15 12:41 PM CDT	ABC Home Care	123456789 - Paul Allen	813		
PENDING	7/17/15 5:45 PM CDT	7/17/15 1:45 PM CDT	7/17/15 12:41 PM CDT	ABC Home Care	123456789 - Paul Allen	813		
PENDING	7/17/15 2:02 PM CDT	7/17/15 1:45 PM CDT	7/17/15 12:41 PM CDT	ABC Home Care	123456789 - Paul Allen	813		
PENDING	7/17/15 2:00 PM CDT	7/17/15 1:45 PM CDT	7/17/15 12:41 PM CDT	ABC Home Care	123456789 - Paul Allen	813		

MCO Dashboard

Pending Authorization Requests

Member Name	Member ID	Provider Name	Last Update <small>▲</small>	Start - End	Days and Units	Unit Limit	HCPCS	DIAG	
John Smith	133456795	ABC Home Care (01321640)	Aug 5, 2015 4:06 PM EDT	08/12/15 - 08/19/15	Sun (8 units), Tue (8 units)	16			
Paul Allen	123456789	ABC Home Care (01321640)	Aug 5, 2015 4:07 PM EDT	08/12/15 - 08/19/15	Sun (4 units), Mon (4 units), Tue (4 units), Wed (4 units), Thu (4 units), Fri (4 units), Sat (4 units)	28			
Paul Allen	123456789	ABC Home Care (01321640)	Aug 5, 2015 4:08 PM EDT	08/12/15 - 08/28/15	Sun (25 units), Mon (25 units), Tue (25 units), Wed (25 units), Thu (25 units), Fri (25 units)	150	S5125		
John Smith	133456795	ABC Home Care (01321640)	Aug 5, 2015 4:08 PM EDT	08/12/15 - 08/19/15		600	S5150		
Bob Hines	133456794	ABC Home Care (01321640)	Aug 5, 2015 4:08 PM EDT	08/12/15 - 08/19/15	Sun (12 units)	12			
John Smith	133456795	ABC Home Care (01321640)	Aug 5, 2015 4:08 PM EDT	08/12/15 - 08/19/15		600			

MCO Dashboard

Late/Missed Appointments			
Company ID	Company Name	# Late Visits	# Missed Visits
87	21st Century Rehabilitation Services	0	0
136	5 Star Home Care	0	0
69	A Grandmother's Wish	0	0
72	A Place Called Home	0	0
46	A+ Medical Staffing	0	0
3	A-Z DME	0	0
56	ABC Home Care	8	591
103	Above & Beyond Residential Living	0	0
125	AdvanceCare Health Services	0	0
124	Aging In Place	0	0

Member Status

- The MCO's now have the ability to change the member's status to: Active (default status), On Vacation, Hospital, Nursing Facility or Deceased.
 - The statuses will require the MCO to verify the status after a specified time period.
 - If a member's status changes (hospitalized), the EVV system automatically modifies any visit record during the period.
 - Providers and/or clinical staff can request a change in status, the MCO approves or denies the request.

Contact Information

- Michelle Morse Jernigan, Bureau of TennCare
 - Michelle.M.Jernigan@tn.gov
- Tina Brill – Amerigroup
 - Tina.Brill@amerigroup.com
- Mark Dillon, HealthStar EVV
 - markd@hlthstar.com

Questions?



The logo consists of a red square with the letters 'TN' in white, serif font. Below the red square is a thin blue horizontal bar.

TN

TM

Electronic Visit Verification (EVV) in the CHOICES MLTSS Program

“What a cool tablet you have,
Grandma!”

“The better to ensure my quality of care with,
my dear!”

What matters most?

- Member’s experience of care!
- Services are provided based on member’s need/
preference, not provider’s convenience

Agenda

- **The State's Perspective**
 - Background and Overview of Tennessee's LTSS system
 - Tennessee's EVV Requirements: Then and Now
- **Amerigroup**
 - Meeting Contract Requirements
 - Implementation
- **HealthStar**
 - Designing and Building the System
 - Demo

Tennessee's LTSS System

- Transitioned from Elderly/Disabled Adult Waiver (1915(c)) to Managed Long-Term Services & Supports
 - Long Term Care Community Choices Act of 2008 (CHOICES)
 - CHOICES implementation began March 2010
- Prior to CHOICES
 - Provider-driven scheduling (most members didn't "need" services on evenings, weekends or holidays)
 - Limited line of sight into timeliness of services
 - No ability to identify/address potential gaps in care
 - Paying for services that were not provided
- Services monitored through EVV
 - Personal Care
 - Attendant Care
 - In-home Respite
 - Home Delivered Meals

TennCare Contract Requirements

Then...

- Electronic Visit Verification System
 - In conjunction with CHOICES implementation (*What were we thinking?!*)
 - Member-preferred scheduling with flexibility (time versus window of time)
 - Telephony based
 - Capture time in/out for each service
 - Match services provided with service authorizations
 - Verify authorized worker
 - Verification of services provided if no log in/out recorded
 - Provide alerts for late visits/resolution of gaps in care
 - Real-time dashboard for providers and MCOs
 - Generate claims file for MCOs

TennCare Contract Requirements

- **What worked**
 - Members receiving services when they needed them
 - Less than 2% incidence of missed visits
 - Dashboard monitoring and late visit alerts
- **What could have worked better**
 - Member and worker behavior
 - Members nor workers had line of sight into hours logged
 - Verification of late and missed visits
 - Administratively burdensome
 - Keeping appropriate phone numbers in system
 - Reconciling claims

TennCare Contract Requirements

Now...

- Global positioning technology
- Static GPS device
- Telephony and text-to-verify back up
- Capture time in/out for each service
- Match services provided with service authorizations
- Verify authorized worker
- Verification of services provided if no log in/out recorded
- Members can see and verify hours logged
- Systems generated reporting
- Provide alerts for late visits
 - Automate contact to the member
 - Real-time dashboard for providers and MCOs
- Electronic claims submission file
- Electronic reconciliation report

TennCare Contract Requirements

Now...

'Value add' enhancements

- Capture worker notes per service provided
- Engage the provider/worker as member of care team – notification of change in status/needs
- Collect/aggregate real-time point-of-service quality data regarding member's experience of care (ultimately) for report card/payment
- Leverage technology for health education and self-management of chronic conditions

TennCare's Vision

Wrapping up: *What matters most?*

Member's experience of care!

- Measuring a meaningful day
- Workers and providers more engaged in quality of care and quality of life components
- Real-time feedback and response on member perspective/issues and potential health concerns
- Future of healthcare management – members taking control

Implementation of EVV Enhancements in the TN CHOICES MLTSS Program

Achieving Significant EVV Enhancements

- Investment in developing a product that combined all areas of enhancements
- Focus on:
 - Program integrity
 - Provider ease of use
 - Increased quality monitoring
 - Enhanced member support
 - Implementation and deployment

Program Integrity is Vital

- GPS visit validation instead of telephony
- Tablet procurement and provisioning
- BYOD application development
- MCO authorization detail directly provided
- Schedule and visit variations managed
- Real time access and alerts for monitoring
- Electronic clean claims generated and facilitated reconciliation

Increased Quality Monitoring

- Integrated electronic care notes and task confirmation with each visit
 - Provider engagement in development to enhance adoption over paper
 - Integration with case management system so Care Coordinators have integrated and real time information
 - Member ability to provide feedback with each visit

Enhanced Member Support

- Provider engagement with Plans of Care
 - Regulatory compliance with signing plan of care
 - Easy online access as updates are made
- Tablet enables vast and almost endless possibilities to improve member experience
 - Remote biometric monitoring
 - Increased member health and benefit education
 - Enhanced member communication
 - Member is much more enabled to manage their care

Implementation Process

- Roles within health plan to support
 - EVV alerts and visit maintenance
 - Clinical support for increase in provider and member data
- Early and frequent member and provider engagement
 - Provider and member focus groups
 - Care Coordinator and caregiver eases member adoption

Provider Deployment Process

- Strong pilot provider process
- Over 30 face to face computer classroom trainings across the state
- On demand video training support for all areas of the system
- Ongoing support via multiple methods

Member Deployment Process

- Care Coordinator orientation for member
- Letter of explanation
- Hand delivery of device
- Caregiver use eases adoption of device
- Over 3,000 devices deployed by October 1, 2015