HealthStar EVV
System Overview

September 2, 2015
Mark Dillon
HealthStar EVV
Overview

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

Tuesday
April 14th
8:00 AM-11:30 PM
Window

5900 Alice Drive
Westerville, Ohio 43081

3h 0m

T1019
Personal care services

Job# 701

next

You are now checked in
OK
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

Healthstar EVV

CHECK IN
CHECK OUT

Healthstar

Please login to continue

Username
Password
Login

Select your security image:

- Apple
- Pear
- Cherry
- Banana
- Horse
- Zebra
- Polar Bear
- Dog
- Car
- Bus
- Coffee Cup
- Palm Tree
- Island
- Sunglasses
Recording Tasks

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
Service/Care Notes

Questions
Did the member experience any falls during this shift?

☐ Yes
☐ No

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

☐ Yes
☐ No

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

☐ Yes
☐ No

Questions
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

6 of 7

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

☐ Yes
☐ No

Questions

7 of 7

Has the member had a hospitalization 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

Signature
If all of the information you entered is correct, please sign in the box below...

\[\text{Signature}\]

Checked Out
You have successfully Checked Out

OK
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.

<table>
<thead>
<tr>
<th>Appointment Record #701</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made by: Unknown (on 4/2/15 at 12:29 PM EDT)</td>
</tr>
<tr>
<td>Employee: Test User</td>
</tr>
<tr>
<td>Rate: $0.00</td>
</tr>
<tr>
<td>Member: Tim Berners-Lee</td>
</tr>
<tr>
<td>Address: 5900 Alice Drive, Westerville, Ohio 43081</td>
</tr>
<tr>
<td>Authorization: Ref. No. 1039878311AC</td>
</tr>
<tr>
<td>Date: 4/14/15</td>
</tr>
<tr>
<td>Scheduled Start: 8:00 AM - 11:30 PM EDT</td>
</tr>
<tr>
<td>Visit Length: 3h 0m</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check-In</th>
<th>Check-out</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPS Time</td>
<td>4/14/15 9:40 AM</td>
</tr>
</tbody>
</table>
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
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).
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.
Authorization Requests

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

[Image of the EVV interface with a circled box indicating the feature to click for exporting the claim when all three stages are complete.]
Documents

- 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

### Schedule Deviation Requests

<table>
<thead>
<tr>
<th>Request ID</th>
<th>Status</th>
<th>Last Update</th>
<th>Member Name</th>
<th>Date</th>
<th>Time</th>
<th>Service Code</th>
<th>Action</th>
</tr>
</thead>
</table>

### Manual Confirmation Requests

<table>
<thead>
<tr>
<th>Status</th>
<th>Req. Date</th>
<th>Start</th>
<th>End</th>
<th>Member</th>
<th>Appointment</th>
<th>Latest Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td>3/30/15 10:40 AM CDT</td>
<td>3/30/15 9:01 AM CDT</td>
<td>3/30/15 10:00 AM CDT</td>
<td>123456791 - Tim Berners-Lee</td>
<td>682</td>
<td>Q detail</td>
</tr>
</tbody>
</table>

### Authorization Requests

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

<table>
<thead>
<tr>
<th>Member</th>
<th>Request Date</th>
<th>Requested Status</th>
<th>Facility Name</th>
<th>Facility Contact</th>
<th>Start-End Date</th>
<th>Date Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Allen</td>
<td>Apr 7, 2015</td>
<td>Hospital</td>
<td>Mt Carmel</td>
<td>Mark Dillon</td>
<td>Apr 7, 2015 - Apr 10, 2015</td>
<td>Apr 7, 2015</td>
</tr>
</tbody>
</table>

### Unresolved Late & Missed Visits

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

### Confirmed Visits

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

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:
  o File import history
  o Schedule deviation requests
  o Manual confirmation requests
  o Authorization requests
  o Late/missed visit summary by provider
  o Member status changes
## MCO Dashboard

### Imports History

<table>
<thead>
<tr>
<th>Type</th>
<th>Received Date/Time</th>
<th>Recorded Date/Time</th>
<th>Processed</th>
<th>Updates</th>
<th>Creates</th>
<th>Deletes</th>
<th>Errors</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTH</td>
<td>8/3/15 6:10 PM EDT</td>
<td>8/3/15 6:10 PM EDT</td>
<td>100%</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AUTH</td>
<td>8/3/15 12:50 PM EDT</td>
<td>8/3/15 12:50 PM EDT</td>
<td>100%</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AUTH</td>
<td>7/27/15 2:20 PM EDT</td>
<td>7/27/15 2:20 PM EDT</td>
<td>100%</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AUTH</td>
<td>7/24/15 5:40 PM EDT</td>
<td>7/24/15 5:40 PM EDT</td>
<td>100%</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AUTH</td>
<td>7/24/15 5:30 PM EDT</td>
<td>7/24/15 5:30 PM EDT</td>
<td>100%</td>
<td>6</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AUTH</td>
<td>7/24/15 5:10 PM EDT</td>
<td>7/24/15 5:10 PM EDT</td>
<td>100%</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>AUTH</td>
<td>7/23/15 5:31 PM EDT</td>
<td>7/23/15 5:31 PM EDT</td>
<td>100%</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AUTH</td>
<td>7/23/15 4:08 PM EDT</td>
<td>7/23/15 4:08 PM EDT</td>
<td>100%</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Schedule Deviation Requests

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

### Manual Confirmation Requests

<table>
<thead>
<tr>
<th>Status</th>
<th>Req. Date</th>
<th>Start</th>
<th>End</th>
<th>Provider Name</th>
<th>Member</th>
<th>Appt</th>
<th>Latest Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENDING</td>
<td>8/27/15 8:26 AM CDT</td>
<td>8/25/15 8:00 AM CDT</td>
<td>8/25/15 10:00 AM CDT</td>
<td>ABC Home Care</td>
<td>133456794 - Bob Hines</td>
<td>2151</td>
<td>8/27/15 8:31 AM CDT</td>
</tr>
<tr>
<td>APPROVED</td>
<td>8/26/15 1:13 PM CDT</td>
<td>8/26/15 7:23 AM CDT</td>
<td>8/26/15 7:25 AM CDT</td>
<td>ABC Home Care</td>
<td>133456793 - Maggie Parker</td>
<td>2395</td>
<td></td>
</tr>
<tr>
<td>APPROVED</td>
<td>8/26/15 12:57 PM CDT</td>
<td>8/26/15 8:00 AM CDT</td>
<td>8/26/15 10:00 AM CDT</td>
<td>ABC Home Care</td>
<td>133456793 - Maggie Parker</td>
<td>2030</td>
<td>8/26/15 1:01 PM CDT</td>
</tr>
<tr>
<td>PENDING</td>
<td>8/18/15 9:01 AM CDT</td>
<td>8/17/15 8:39 AM CDT</td>
<td>8/18/15 8:25 AM CDT</td>
<td>ABC Home Care</td>
<td>133456794 - Bob Hines</td>
<td>2144</td>
<td></td>
</tr>
<tr>
<td>PENDING</td>
<td>7/17/15 6:10 PM CDT</td>
<td>7/17/15 1:45 PM CDT</td>
<td>7/17/15 5:45 PM CDT</td>
<td>ABC Home Care</td>
<td>123456789 - Paul Allen</td>
<td>813</td>
<td>8/13/15 8:05 AM CDT</td>
</tr>
<tr>
<td>PENDING</td>
<td>7/17/15 5:45 PM CDT</td>
<td>7/17/15 1:45 PM CDT</td>
<td>7/17/15 12:41 PM CDT</td>
<td>ABC Home Care</td>
<td>123456789 - Paul Allen</td>
<td>813</td>
<td></td>
</tr>
<tr>
<td>PENDING</td>
<td>7/17/15 2:02 PM CDT</td>
<td>7/17/15 1:45 PM CDT</td>
<td>7/17/15 12:41 PM CDT</td>
<td>ABC Home Care</td>
<td>123456789 - Paul Allen</td>
<td>813</td>
<td></td>
</tr>
<tr>
<td>PENDING</td>
<td>7/17/15 2:00 PM CDT</td>
<td>7/17/15 1:45 PM CDT</td>
<td>7/17/15 12:41 PM CDT</td>
<td>ABC Home Care</td>
<td>123456789 - Paul Allen</td>
<td>813</td>
<td></td>
</tr>
</tbody>
</table>
## Pending Authorization Requests

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Member ID</th>
<th>Provider Name</th>
<th>Last Update</th>
<th>Start - End</th>
<th>Days and Units</th>
<th>Unit Limit</th>
<th>HCPCS</th>
<th>DIAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>133456795</td>
<td>ABC Home Care (01321640)</td>
<td>Aug 5, 2015 4:06 PM EDT</td>
<td>08/12/15 - 08/19/15</td>
<td>Sun (8 units), Tue (8 units)</td>
<td>16</td>
<td></td>
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<td>08/12/15 - 08/19/15</td>
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</table>
# MCO Dashboard

## Late/Missed Appointments

<table>
<thead>
<tr>
<th>Company ID</th>
<th>Company Name</th>
<th># Late Visits</th>
<th># Missed Visits</th>
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<tbody>
<tr>
<td>87</td>
<td>21st Century Rehabilitation Services</td>
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<td>136</td>
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<td>69</td>
<td>A Grandmother’s Wish</td>
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<td>72</td>
<td>A Place Called Home</td>
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<td>46</td>
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<td>124</td>
<td>Aging In Place</td>
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</table>
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.
  o The statuses will require the MCO to verify the status after a specified time period.
  o If a member’s status changes (hospitalized), the EVV system automatically modifies any visit record during the period.
  o 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
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  o Tina.Brill@amerigroup.com

• Mark Dillon, HealthStar EVV
  o markd@hlthstar.com
Questions?
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
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
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
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