[Kiera Bentley]
Thank you. Thank you everyone who has been attending the calls.
On the May fifth call, we reviewed a draft interface control
document and a high-level timeline. If you are unable to
attend, the PowerPoint and recording is available on the EVV
website for your review. Second, I just wanted to spend a few
minutes ensuring that everybody is in the right place. We know
we have provided a lot of information over the last month. As
many of you are aware one of the requirements of the 21st
Century Cures Act, is that states require the use of electronic
visit verification system for in-home personal care services,
in-home health care services or federal payment under Medicaid
will be reduced. The deadline for implementing this requirement
in New York is January 1st, 2021 for personal care services, and
January 1st, 2023 for home health care services.
In New York, DOH is not mandating or endorsing any particular
EVV vendor or system, instead providers may select the EVV
system they feel best addresses the needs of the consumers they
serve and works for their practice, so long as it meets the
requirements of the Cures Act.
DOH is however, following CMS guidance that it should collect,
or as we call it, aggregate EVV data that can be used to assess
compliance with the Cures Act. As discussed in previous calls,
we will be using the existing eMedNY System to implement this
data collection. As technical folks we certainly realize that
the time to stand up the EVV system and get the data collection
interface working is short. And so we want to make sure data
collection is as flexible as possible, so that it can work with
a variety of systems, and especially accommodate any EVV systems
that are already in place.
One of the main reasons DOH went with the Choice model was that
we received feedback that there is no one-size-fits-all EVV
solution that would work for everyone. So we don't want to
impose any technical requirements that would limit EVV system
options if they're not necessary. So these calls have really
been set up so that we can collaborate on the data collection
technical requirements and get any feedback on issues and
concerns with the data aggregation throughout the design and
testing.
The intended audience for these calls is providers subject to
EVV requirements, EVV Vendors, managed care organizations, and

verification organizations. There were a lot of participants on these calls, but starting today we're going to try and make these calls a little more interactive by opening up the chat, so that you can ask questions of DOH.

We will do our best to try to address as many of these questions possible during the live call, but please keep in mind that we are only representing the technical implementation for DOH and cannot answer any program or policy questions. If you do have these questions please submit them to the EVV mailbox. In any case, if we can't or we don't have answers readily available, we will be keeping a record of all the questions we get and we'll try to include the answers on future calls. The chat function is open now but we are going to be going over answers to some of the questions that have already been received. So if you can just hold off on answering your questions as some of them may be answered before you ask. We really appreciate everyone's time and patience as we adapt to this forum to best meet everybody's needs.

So Aman, if you don't mind, do you mind going to the next slide. I apologize everybody I think we are having a little bit of a technical issue getting to the next slide of our PowerPoint. There we go, thank you Aman. So Daniel, I'm going to hand it over to you so you can go into a little bit of our technical updates today. Dan, if you could just make sure you are off of mute. There we go.

[Daniel Hallenbeck]

Thank you Kiera, sorry about that. I thank everyone for attending, we really appreciate you taking the time out of your busy schedules. Quickly before we jump into the questions, we wanted to make sure that everyone on the calls is aware that we published the draft interface control document that we previewed in our last call. The document has quite a bit of detail about the data elements that we are planning to collect, and the API that we're hoping to use for that. If you've had a chance to review it with your EVV vendor we would be happy to answer any questions you had from that, here. We have a representative from the system integrator eMedNY, to help us dig into any specifics that you need to know about this. But if you haven't had a chance to review it, feel free to submit those questions to the EVV mailbox.

In addition to the ICD, the department has begun work on the companion guide, which will include the ICD and some additional detail about connecting and submitting data to the statewide data aggregator. Also, we mentioned last week, that would be sending out a survey on EVV, but we wanted to let everyone know that we haven't sent it out just yet. We wanted to wait until we got the ICD document published and got to the first technical call, so that we made sure that we had the survey content right. We are issuing the survey to get a little more information about how providers are planning on implementing EVV and how you might be submitting data to us. It is also an opportunity to get feedback on the ICD through the survey. We did just want to point out that your responses in the survey did not commit you to anything in particular, we're just looking to understand how you might implement your solutions, so that we can try to put together a solution that will accommodate as many people as possible.

So, without much further ado, if we could go to the next slide, we've been receiving a lot of questions to the EVV mailbox and we really appreciate all of the feedback and attention from everyone who submitted them. The messages will be responded to individually, but for quite a few of them we thought the answer was worth sharing more generally. We are not going to read out the actual text of any email, so if we missed any nuance, feel free to either email us to the mailbox or to send us a text as part of the open Q and A later.

So first, we got a lot of questions for additional clarification about whether or not the EVV requirements applied to certain providers or services. We can't provide program or policy guidance on this call, but we will be responding individually to your inquiries and DOH will be continuing to post program and policy guidance on the EVV website. Generally, however we do not want to make sure that, we do want to make sure that everyone is clear that EVV must be used for all PCS and HHCS Services by the respective deadline. And that all providers of those services will need to submit EVV data to DOH through the interface we are discussing on these calls. At this time, there are no expectations based on provider side, there are no exceptions based on provider side \inaudible\.

Second, we got quite a few questions about the EVV, about what EVV means for managed care organizations and existing

verification organization arrangements. DOH anticipates that there will be a wide variety of EVV systems in use within New York so that different recipients needs and different programs are accommodated. We know through the stakeholder engagement and RFI, that we did that there are already a lot of EVV solutions in place and in many cases some EVV data is already being provided to either to MCOs or VOs.

At this time, DOH is not requiring that MCOs or VOs submit EVV data on behalf of providers they contract with because we want to be as flexible as possible. However, we do anticipate that the most convenient arrangement for most providers will be to have their MCO and VO submit a subset of the EVV data element that most of them already collect to the DOH on behalf of the providers.

We had some initial discussions with MCOs and VOs during the stakeholder engagement, that indicated this type of proxy arrangement would be feasible. We are hoping to use these calls and survey to confirm that any work, so any of the particulars, including how best to document the proxy arrangement and what paperwork will be required, that we'll be working on that. In response to a lot of privacy concerns from consumers, DOH is only collecting a very minimal set of data elements for EVV at the outset. So the EVV submission does not replace any existing arrangements that you have with your VOs or MCOs to validate business prior to claim submission.

Also, we want to note that our plan is to evaluate the EVV program after the PCS implementation deadline. We initially considered requiring that EVV data be submitted via claims and encounters, using the 837 process on these timelines. But it would have been a heavy lift, so we opted for this process instead. DOH will likely reevaluate that in the future many require, that in the future and will most likely require encounters and claims to submit this data. But we will evaluate and decide that at a later time, and include everyone necessary in those discussions.

Another major general question we also received a request for additional guidance on what exactly providers should be doing right now to implement EVV. We recommend, we recommend starting by reviewing the 21st Century Cures Act provisions related to EVV, and all the EVV information on DOH website if you haven't already done it. If you do have an EVV system that you're

currently using you should be starting, if you don't have an
EVV system that you're currently using, you should start to
select one based on the needs of the recipients you serve and
what best works for you. DOH is not endorsing or certifying any
EVV vendor or system, but we do have some recommended
considerations on the website.

We'll just highlight here that we are recommending making sure
your EVV vendor can provide flexible interfaces and
interoperability so that you'll be able to adapt to any future
state or federal requirement. And also just so that you remain,
retain maximum control of your data and the ability to make
system adjustments in the future.

Some of the questions we got also from vendors looking for
guidance on how to let DOH know that they had an offering, so we
want to clarify. Providers will be making independent decisions
about what EVV system they will purchase. There is no DOH
process for offering EVV systems or services to the market.
Paperwork or registration process that DOH is putting in place
before systems can be marketed. However, for these providers
who are already subject to a VO requirement from OMIG, those
provisions in the list of VOs is still in place.

If you do have an EVV system, or an EVV function, as part of
your time keeping and claims submission system , make sure that
it meets the requirements of the Cures Act, and then start to
think about how you'll be, you'll want to submit the data to the
DOH. As we discussed, DOH is planning to accommodate direct
submissions from providers, but we are also open to receiving
EVV data from third parties and organizations that already
aggregate EVV data, like VOs and MCOs. As we indicated earlier
in the call the ICD, the draft ICD was published. Your IT staff
or EVV vendor should review the ICD and ask questions and
identify any concerns that you have about supporting the
interface. We're hoping to finalize technical requirements
fairly quickly, so also make sure to subscribe to our listserv,
the EVV listserv, so you will be aware of those specifications
when they are finalized.

We're getting into some ICD related specifics, we received some
questions about which MMIS or API DOH is expecting. We
considered this at a high level, but we'll turn it over to GDIT
to take a minute to answer some of the questions and point out
where in the draft ICD you can find it. So over to GDIT.

[GDIT Representative]
Thank you. So, the first question that we got is the one that talks about on NPI exempt agencies required to submit NPI or provide identification. So, my response to this question is that provider identification is a required element we need to make, we need to know provider ID, whether there is an NPI or other MMIS ID. For those providers were NPI exempt we will need to have a provider to use their MMIS number, but otherwise the NPI should be used. The second question that we have on, on this is that there was a one agency with more than one MMIS number, and they're just wondering which one they should use. Our response to that is that in that situation where the provider has multiple MMIS numbers, the providers should use the MMIS number that they would use to bill a claim for the appropriate Medicaid Program. Those are the two questions that we got from the floor so, Dan, I guess I'll turn it back to you.
[Daniel Hallenbeck]
We have one more question for your team Mayo, we have some questions about the frequency of data submission, we haven't really determined yet, so if you could go over that as well that would be great.
[GDIT Representative]
Sure thing. So, with regard to frequency of submission, at this time, we are not performing any cross-checking between the EVV data to the claims that is being submitted, so as far as frequency of a submission there is no relation between the EVV data and the claims themselves. Now, once the web service API is up and running, the service is available 24/7 so submitters can, can use the web service at any time, and they can submit EVV as frequent as they need to or as they wish. And again because at this time there's no link between the EVV to the claims, you can submit to the EVV data before or after the claims and it's not and dependent upon one another. So back to you Dan.
[Daniel Hallenbeck]
Thanks Mayo, that's really, really helpful and in addition to that I just wanted to point out to everyone that many of these requirements are still open as the draft requirement right now and if there any questions or concerns to please feel free to either ask them in the chat now or to send a message to the mailbox and we'll work to consider that as part of the design and get back to you. Lastly, before we turn it over the

questions we want to mention that we got a few volunteers to work closely with us for some pilot testing, and we appreciate these. it's not too late to let us know if you want to be a pilot tester as well. And VOs, if VOs would like to be involved are also welcome. And also we received one request to implement SFTP file transfer in addition to API online to the draft ICD. So that request is under consideration as well. If there are other organizations or vendors that feel an FTP file transfer will be easier for them to integrate with, please let us know as soon as you can as we're working towards finalizing these requirements. And with that, I believe if we go to the next slide, we're going to open it up to some questions in the chat.
[Kiera Bentley]
Hi Dan, oh, go ahead. So um, can you, no, so I just wanted to make sure you could see the questions.
[Daniel Hallenbeck]
Right, and so the only question that we have so far is when will testing begin? So currently we're going to have some pilot testing that's going to begin in the summer and then in the October timeframe we're looking to begin testing with the interface. So that the, the dates were published in the last deck that we put out and as we work on finalizing, we'll be sure to make sure that everyone that is part of the listerv is aware. GDIT, do you have any additional information that you would like to add about the availability if maybe they be available sooner or if you want to clarify anything then now would be a good time.
[GDIT Representative]
I don't have anything at this time right now
[Daniel]
Okay great and like we said we've been saying here many times if you have any questions or need any clarity on please consult the EVV website or send us a message, and we'd be happy to get back to you. I do not see any other questions, so
[Kiera Bentley]
So Dan, we are receiving additional questions, so first let me apologize, we did receive feedback in the box but there is a large gray box covering up some of the PowerPoint slides. We do apologize for that, we are socially distant today, so sometimes it's difficult to operate the WebEx event when we're all in our own home offices so we apologize for that. But let me feed you

the next question. So somebody asked, what is the number of concurrent call that the EVV rest API is expected to support?

[Daniel Hallenbeck]
okay thanks Kiera. I'm going to throw that over to Mayo, Mayo can you cover to that question? This is our vendor GDIT.

[GDIT Representative]
This is a really technical question we're going to have to check with our lead architect, Renjith are you on the call?

[Daniel Hallenbeck]
I see him there. Are you muted Renjith?

[GDIT architect]
Sorry I was speaking on mute. So the number of concurrent calls that is suggested in the guidance is actually available in the ICD document itself.

[Daniel Hallenbeck]
Yea, so, can you answer it for everyone on the call?

[GDIT architect]
I think, we generally, its not a hard limit and we are still evaluating that based on the number of users. But generally, I think we would allow up to five connection calls from the same source, but we are still evaluating the policy as we receive feedback from people.

[Daniel Hallenbeck]
Okay thank you very much that. That goes back to that were looking for feedback from everyone so be sure to you know if you have a specific need or a requirement be sure to submit the question so that we can look to try to evaluate that. The information about the exact number when we do finalize the ICD it will be contained therein. Thanks for the question. I am having a little bit of difficulty seeing the questions so I'm just trying to, there we go, all right.

So let me see here, what's the next technical question? Any questions that are currently out here, that I don't know the answer to we'll jot down and we'll get back to you via the mailbox. So there's a question here that's when an EVV vendor sends EVV call data, will eMedNY create a claim for the submitter or will they also have to submit an 837PI? The answer is the submission of the EVV data is unrelated to your current claims based processes, and you'll have to continue submitting claims the way you normally do today. In the future once we go live with the process that we're describing here will be

evaluating whether or not we'll be adding EVV claims data to the requirements for claims and encounters.

Let me see what the next one is. In the ICD you ask for a service provider SSN, is that the client SSN and if so their payers do not supply this information? I don't believe that is the service, actually I'm just going to flip this over to Mayo. Mayo, do you know the answer to this? It's the question, in the ICD you ask for a service provider SSN, is that the client SSN, and if so their payers do not supply this information? It's not the client SSN.

[GDIT Representative]

Alright so, the service provider is the provider who's doing the service, not the one whose billing the service. So if it's the let's just say it's a home health agency is the provider whose, is the entity that providing the service, there will be a servicing provider, an individual who may be like a personal care assistant or a social worker or somebody who's actually performing the service now. That would be the SSN that will be needed for this particular field, so the service provider SSN. So it's not the client SSN. Does that help?

[Daniel Hallenbeck]

I think that does, and if our answers have, don't cover all of the nuance in your question, please feel free to email the mailbox and we'll get back to you. The next question was about specifically when Health Home Care Management will need to start? And for this particular question we'll be posting additional information to the website when it becomes available. So then there was a request for a sample file to help programmers? If they, by sample file you mean a sample rest request response, GDIT please confirm, but I believe we can have that added to the interface control document. Can you confirm?

[GDIT Representative]

Yes, we can we can provide a sample file.

[Daniel Hallenbeck]

Great, much appreciated. Let me see if I missed anything. All right there's another question here. In the ICD you ask for the plan ID what exactly is that? So over to you Mayo.

[GDIT Representative]

Um, in the ICD there was a plan ID. I'll have to take a look at this one closer and I'll get back to you on that one.

[Daniel Hallenbeck]

Okay great thanks Mayo. OK so we'll jot this down and we'll ake sure to respond. All right, there was a question about the cost sharing I'm trying to scroll up to it, and the answer is currently there's no cost sharing programs that we're aware of, but we will share that question with our program folks and you know any such programmatic information will be put on the EVV website. The next question is as the new requirement for unique identifiers for home care workers comes online, when and how will that be integrated into the EVV system. I'm not sure that we know the answer this I'm not sure Mayo if you do as well. I think that we'll have to take that one back and get back to you, but we we do appreciate the question.
[GDIT Representative]
Yeah, I know I don't have anything on this one either, let me have some thought on it and I will get back to you on this one too.
[Daniel Hallenbeck]
Okay, there was a question about how shared a shared aide will be dealt with? I don't think I quite understand the question fully if you could submit it with some more detail it would be helpful. So, there is a question about when do you anticipate making a decision around changes to the 837? As we've been discussing, we are looking to re-evaluate the way that we're requesting the EVV data be submitted after the go live, so it will be in the beginning of next year and we'll let you know as soon as we made that determination. And most likely we'll be reaching out and doing that as a collaborative effort.
Alright, the next question is, will bill provide private pay services, will we need to submit EVV information? I don't know the answer to that one. I think that we will have to get back to you and it may be that type information that will be submitted by the program to the EVV website. Is there an EVV submitter registration process? So that, I'm going to hand it over to Mayo, but this is one of the technical items that we are currently working on flushing out and will be part of the companion guide and you know some of the additional information that will be publishing. So, do you have an update on the submitter registration process that we can share today?
[GDIT Representative]
Nothing in great detail but what the plan is there's going to be an on-boarding process for submitters. I guess the basic

premises is that for new EVV vendors that are not currently enrolled in New York Medicaid as a service bureau it would need to get enrolled so that they can submit the EVV data and providers the same thing if providers are not already enrolled in Medicaid who want to submit EVV data, they will need to enroll at as a Medicaid provider. So in order to submit the EVV data, they will have to enroll in New York Medicaid. That's the general rule, now the actual details of what the registration process, we'll have to get back to you on that one.

[Daniel Hallenbeck]

Great, thank you Mayo, that's really helpful. And you know as I've been telling, as soon as we have the greater details we'll be making sure to share it with everyone. So make sure if you're not already signed up for the listerv, that you do and that you check back to the website. So there is another question about whether or not the 837 for when we'll make a decision about it or other EVV data that will be collected for just FFS, Medicaid or fee-for-service Medicaid code, would also apply to agencies working with MCOs and the answer is that it's both for Managed Care Organization and fee for service providers.

So the next question is we have aides that service two clients at the same time. the clients live in the same home and the time and date for the service are exactly the same for both clients. how will we submit this information? Mayo, do you want to take a crack at that or should we take that back?

[GDIT Representative]

Right, I can probably take a crack at this. Now if there are two clients at the same time in the same home so each client are, well first of all both clients are Medicaid members which means that they both have their own Medicaid ID. so what I would say for that is well they would have to submit one EVV data for each member, and if they have the same information being the same address to same day and time then so be it. But you have to submit two EVV data, one for each Medicaid member.

[Daniel Hallenbeck]

Great, thank you Mayo. the next question we have is at this time is it correct to assume that there will be no visit validation against the aggregated data until after 1-1-21 or when you perform reevaluation on the 837? I think that we will take this question and we'll get back to you. I don't know that that is a correct assumption, but we appreciate the question. The next

question is, just want to confirm alternate third party EVV
vendors will need to enroll with the State of New York as a
service vendor.
I don't know that I understand the question in its entirety. I
think the answer is correct but we'll take this back and confirm
with our program and will get back to you. Thank you for the
question. I think I'm current on questions, I'm not sure looking
to the team on chat to see if I missed anything. Does anyone
else out there have any other questions for us feel free to
answer it. OK here we go, so there's another question about
shared aides or mutual as it is known as in the plan world. So
the aide will have to call in and out twice at a time. I don't
understand this question, Mayo do you understand it or should we
just take it back? And I apologize to whoever asked that
questions.
[GDIT Representative]
I'm not sure, I know, I don't quite understand the question
either. If you
[Daniel Hallenbeck]
We can take it back and maybe someone else understands it and
we're more of the technical team, so we apologize we don't know
all the programmatic things. but that will take it back and try
to get you an answer. So the next question is LHCSA, RFO process
impact the implementation? I don't know the answer to that I
think that we will, currently we're on schedule to implement as
per the schedule by the Cures Act and that if there's any sort
of impact to that schedule we would, you notify everyone via the
EVV website.
The next question is does the EVV requirement cover the CDPAS
Program. I do, I think there was something on that, I'm just
looking to the team to see if there's an answer we'll take that
one back. let me go on if we have an answer to that I'll follow
back, and if we don't we'll follow up with you. You ask for the
member ID and indicate the length being eight, which I presume
is the Medicaid ID. Managed Care organizations do not always
provide the Medicaid ID and a client ID is not always available.
Mayo, I will hand that one over to you if you can answer that,
if not we can take it back.
[GDIT Representative]
So I'm a little bit puzzled by this question just because if
they are a Medicaid member, then they would have the Medicaid ID

which is eight characters long. I'm just re-reading question just to make sure that I understand, but I would have to get back to you to provide a better answer. Just because it is unclear to me why would not have the Medicaid ID.
[Daniel Hallenbeck]
so that, we'll research that, that may be the answer but certainly this is a bit of a dialogue so it's okay for us to take it back. So I also want to acknowledge everyone that we've gotten a number of questions about providing multiple services, or giving services, to multiple clients in one trip, and that we understand that there is a lot of requests for information about that, and we'll try to get some more detailed information about that for our next call.
The next question is, how can member compliance be achieved, some may not want a device to be put their homes, that they object? I can't, I don't think that we're currently able to answer questions like that. You know our only advice is that you know, that you read the Cures Act and try to ensure that you can, that whatever services or solutions you use has complied with it.
The next question is when will the aggregator data be made available to the MCOs. I don't know the answer to that right now, we'll take that one back and let you know. it may be that we don't we currently don't have a plan for that right now and that you know we'll have to put it down it as part of our planning activities. The next question is will there be a reference table that lists the approved service codes and modifier combinations that should be sent over for this interface. I believe that we are working on that exact list, and as soon as it's ready you should find, you'll be able to find it on the EVV website.
The next question is what is the actual registration date for provider billers to register in August? We don't currently have an exact date for that, and as we do we'll publish that, post to the website and it will certainly mention that as we get closer to it on these calls, which are occurring every two weeks running through the end of this entire implementation.
I think we are current on questions, if anyone else has a question please feel free to submit it and if it's okay if you think of the question later you can always submit it to the mailbox and we'll be glad to take it back and get an answer to

you. In addition to this everyone we are also working on frequently asked questions , to assist everyone with answering a lot of these questions and we'll take the questions and we'll make them generic, and we think that at least that way we'll be able to answer majority of people's questions. But feel free as always email the mailbox. We'll give it a few more minutes if we don't get a question I think I'll hand it back to Kiera to close out the meeting.

[Kiera Bentley]

OK thanks Dan. I did want to go back to the question that someone asked concerning consumer-directed personal assistance services. So EVV would be required for the January 1st 2021 date for consumer-directed personal assistance services that begin or end in the home. most of these are PCS's but we do want to refer you back to the EVV help website. So at the end of this presentation there are links to the website and there's a lot of really good material on the website for people to review. So we'll give everyone another minute to see if there's any questions still coming in. oh and absolutely we can remind you how to get on the mailing list. so at the end of this PowerPoint presentation and we'll leave that slide up for a couple minutes after we conclude, there is an address that you can email so a listserv address just send that email to the listserv and we'll get you on the mailing list.

All right, so Dan do you think it's a good time to wrap up Q and A.

[Daniel Hallenbeck]

I think that it is. As we said everyone for the questions that we didn't answer, we'll take them back and we'll be working on getting responses and updating the frequently asked questions. if you have any other questions in the meantime as Kiera said, please feel free to email us. Thanks everyone really appreciate your time.

[Kiera Bentley]

All right everyone, thank you very much for your questions this afternoon. just so you guys are aware as Dan previously mentioned, we know we've been promising you guys a survey we are in the process of getting that out. if you guys are interested in participating in the survey please shoot an email to evvhelp@health.ny.gov. In addition. to that when we're ready to publish the survey we will send out a notice via the eMedNy and

the EVV listerv, so that you guys are aware that it's out there. Continue to look at the health.ny.gov, the links that is put up on the PowerPoint presentation there's a lot of good documentation up there already. But we are continuing to add documentation, on Friday of last week we posted a draft version of the interface control document. We are taking comments and questions on the interface control document so if you do have any comments or questions please shoot that to the EVV help box as well.

We're going to continue to have these technical assistance calls every other week so our next call is scheduled for June 2nd. Look out for the registration link that will be posted to the website. Other than that thank you very much for joining us this afternoon, we look forward to continued collaboration. Aman, if you could just go to the last slide, so here are just useful websites, the links to the listserv. I know some of you asked in the comments box how to enroll into the listserv, that would be would be the address right there, and then there is once again the evvhelp@health.ny.gov help box. thank you everyone have a great afternoon.