ELECTRONIC VISIT VERIFICATION

Request for Information (RFI) Summary of Responses and Path for Implementing EVV

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1. OVERVIEW

1.1 ACKNOWLEDGEMENTS

The Federal 21st Century Cures Act (the Cures Act) was signed into law on December 13, 2016, mandating that states implement EVV for all Medicaid-funded personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider. New York State must implement EVV for PCS by January 1, 2021 and for HHCS by January 1, 2023. States that do not comply with the Federal EVV requirements are subject to penalties.

As part of the activities to collaborate with stakeholders and gather information to help identify the best approach for implementing EVV in New York State that takes into account stakeholder feedback, the New York State (State) Department of Health (DOH), Office of Health Insurance Programs which administers New York's Medicaid Program, released an EVV Request for Information (RFI) on October 17, 2019. The purpose of the RFI was to solicit information from vendors regarding Electronic Visit Verification (EVV) solutions to assist the State in identifying EVV solutions that address and reflect, to the maximum extent possible, input received from stakeholders and meet the Federal EVV requirements.

The report presents a summary of the feedback received from the EVV Request for Information (RFI) released to the vendor community that, in addition to stakeholder feedback received during the Regional Listening Sessions, was used to help inform the State's selection of a model for implementing EVV. Concurrent with the release of this report, the State will hold a series of Technical Assistance Forums to assist with the implementation of EVV in New York State and provide essential technical information to providers and vendors that will help ensure successful EVV data submissions.

The Department extends its appreciation and thanks to the vendors that responded and conducted demonstrations to provide their input.

1.2 EVV MODEL SELECTION FOR NEW YORK STATE

NYSDOH has carefully considered feedback from Medicaid beneficiaries, family caregivers, providers, advocates, and other stakeholders on the State's implementation of EVV. We have received input during EVV Listening sessions, responses to the EVV Readiness Survey and conducted a Request for Information (RFI) for EVV solutions. The EVV model that, to the maximum extent possible, reflects input received from stakeholders, provides choices to both consumers and providers in the implementation of EVV, and meets the EVV requirements set forth in the 21st Century Cures Act is the "Choice Model". On April 10, 2020 the Department of Health submitted to the Center for Medicare and Medicaid Services (CMS) the State's Model Choice for Electronic Visit Verification (EVV). The letter can be found on the NY Medicaid EVV Program Website here.

After carefully considering all options, New York has elected to proceed with the Choice Model for implementing EVV consistent with what has been outlined in guidance from the Centers for Medicare and Medicaid Services ("CMS"). New York selected the Choice Model for the following reasons: (1) it best ensures that consumers will have EVV options from which to consider when selecting a provider; (2) it gives providers of service the flexibility to select an option that best meets their business needs and the needs of the consumers they serve; and (3) it recognizes that many providers serving New York's Medicaid

consumers have already implemented EVV systems that meet the requirements of the Cures Act, preserving the investment that has already been made, avoiding duplicative costs, and eliminating disruption to consumers and caregivers.

As recommended by CMS guidance, NYSDOH will provide statewide EVV data aggregation through New York's Medicaid Management Information System. In keeping with the Cures Act requirement to implement EVV in a way that is "minimally burdensome," and in response to concerns from stakeholders regarding privacy and self-direction, during its initial implementation, only the minimum set of EVV data elements necessary to meet the obligations under the Cures Act will be aggregated. To illustrate, while the Choice Model allows providers to utilize multiple methods of collecting EVV data (for example, home phone number, fob, or GPS-enabled mobile applications), New York will launch data aggregation with a limited set of data needed to meet the requirements of the Cures Act. Once the initial implementation period is complete, NYSDOH will assess the EVV program and may, as a result, modify data aggregation to support initiatives to improve quality and access to services.

Beginning in April 2020, NYSDOH will host a series of Technical Assistance forums that will include next steps for providers for working with the Department to become EVV compliant by January 1, 2021. These forums will also assist providers and vendors with questions related to formatting, file submission, specifications and other technical inquires to ensure successful EVV data submission to NYS. Providers are encouraged to check the NYS EVV Program Website frequently for updates and forthcoming requirements.

1.3 ELECTRONIC VISIT VERIFICATION BACKGROUND

The federal 21st Century Cures Act (the Cures Act) was signed into law on December 13, 2016, mandating that states implement an EVV requirement for all Medicaid-funded personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider. States were originally required to implement EVV for all Medicaid-funded PCS by January 1, 2019 and HHCS by January 1, 2023. On July 30, 2018, Congress passed a bill to delay the implementation requirement for one year. States are now required to implement EVV for all Medicaid-funded PCS by January 1, 2020. The implementation date for HHCS remains unchanged. Failure to comply with this mandate will result in incremental reductions in Federal Medical Assistance Percentages (FMAP) of up to 1%. States can apply for a one-time, one-year good faith effort (GFE) extension. The "good faith effort" applies if the state has taken steps to adopt the technology used for an EVV system and has encountered "unavoidable delays". On October 30, 2019, the Department submitted a request for a one-year GFE extension from the Centers for Medicare and Medicaid Services (CMS), which can be found here. On December 5, 2019, the Department's EVV GFE exemption request was approved by CMS, delaying the required implementation date for EVV to January 1, 2021 for PCS. The CMS approval letter can be found here.

In CMS' December 2017 presentation on "EVV Requirements, Implementation, Considerations, and State Survey Results," CMS reported several potential benefits of EVV, including: ensuring timely service delivery for members, real-time service gap reporting and monitoring, reducing the administrative burden associated with paper timesheet processing, and generating cost savings from the prevention of fraud, waste, and abuse. In addition, CMS reported that EVV aims to strengthen quality assurance by improving the health and welfare of individuals through validation of delivery of services.

The Cures Act requires that EVV systems capture:

- Service type
- Individual receiving the service
- Date of service
- Location of service delivery
- Individual providing the services
- Begin and end times of service

The Cures Act requires that states seek options that are minimally burdensome and meet the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA). It also requires that states seek input from stakeholders including beneficiaries, family caregivers, individuals furnishing PCS or HHCS, other state agencies that provide PCS or HHCS, and other stakeholders determined by the state. Each state must identify and engage stakeholders in this process. States that choose a Choice Model must develop or procure a data aggregator solution and may implement quality control measures of their choosing. Since New York has selected a Choice Model, it will develop its own data aggregation solution to consolidate data collected from different EVV systems.

1.4   REQUEST FOR INFORMATION (RFI) SUMMARY

New York State has recently concluded statewide Electronic Visits Verification Listening Sessions. The purpose of the Listening Sessions was to receive input from stakeholders on the implementation of EVV requirements as required by the 21st Century Cures Act. The State recommended that all vendors responding to the RFI read the Stakeholder Convening Report located on the NY Medicaid EVV Program webpage prior to submitting their response.

The purpose of the RFI was to solicit information from vendors regarding Electronic Visit Verification solutions to assist the State in beginning to identify EVV solutions that address and reflect, to the maximum extent possible, input received from stakeholders and meet the EVV requirements. Specifically, the New York State (State) Department of Health (DOH) released the RFI to:

- Identify the options or different types of EVV solutions available in the market;

- Distinguish what EVV solutions are available that accommodate the newly released CMS guidance;

- Understand how the available EVV solutions can address the needs and concerns of New York's diverse stakeholders; and

- Identify challenges and timelines related to those different types of EVV solutions.

Input from all interested parties was welcome, but the State was especially interested in receiving feedback from those who have an EVV solution that meets all requirements in the 21st Century Cures Act. Common themes that emerged from the stakeholder Listening Sessions regarding EVV solution capabilities are that EVV solutions should:

- Be flexible in regard to where consumers receive services, how data is collected, and the technology options available to them

- Minimize implementation costs

- Address the unique needs of the consumer directed population

- Ensure privacy and security with respect to data collection

1.5   EVV VENDOR SUMMARIES

The Department received responses from 29 vendors who provided detailed responses to the questions asked in the RFI. Of the 29 vendors who provided responses, 14 were invited to give demonstrations of their systems, with 13 vendors accepting the invitation to meet with State representatives. Responses were also received from one association and one Electronic Medical Record vendor with suggestions as to how the Department should move forward with EVV implementation. Please see the Appendix for a list of vendors that responded to the RFI. Vendors with "Demonstration" after their name are those that accepted an invitation to meet with the State.

2.   RFI QUESTIONS

The following discussion outlines a summary of the responses received from each of the 29 vendors that replied to the RFI.

2.1 QUESTION ONE

Describe your solution's available options for capturing EVV data and methods of data collection.

During the EVV Listening Sessions, stakeholders expressed that EVV solutions must be flexible and offer multiple options for capturing EVV data.

In their responses, EVV vendors described various technology options available on the market for capturing EVV data, which include mobile applications, telephony, and fixed objects (FOBs). Key features included, support for unscheduled visits, group visits, individual verification capability, and 24/7 availability, even when used offline. Most vendors indicated having more than one option available for EVV data collection, primarily citing both the mobile application and telephony as their most popular technology options.

Most vendors offered the Fixed Object (FOB) option in addition to a mobile application and telephony. This option was not recommended as the primary method of EVV data collection but could be used as a secondary source of capturing the EVV data points if necessary.

Many vendors also offer a web-based timesheet that can be used as a backup method in the event there is no cellular service or internet connection. One or two vendors indicated they have a Cures Act compliant web-based timesheet, but other vendors disputed that, claiming that without the installation of a GPS component into the device, it would not collect the visit location as required in the Cures Act.

Technologies Offered
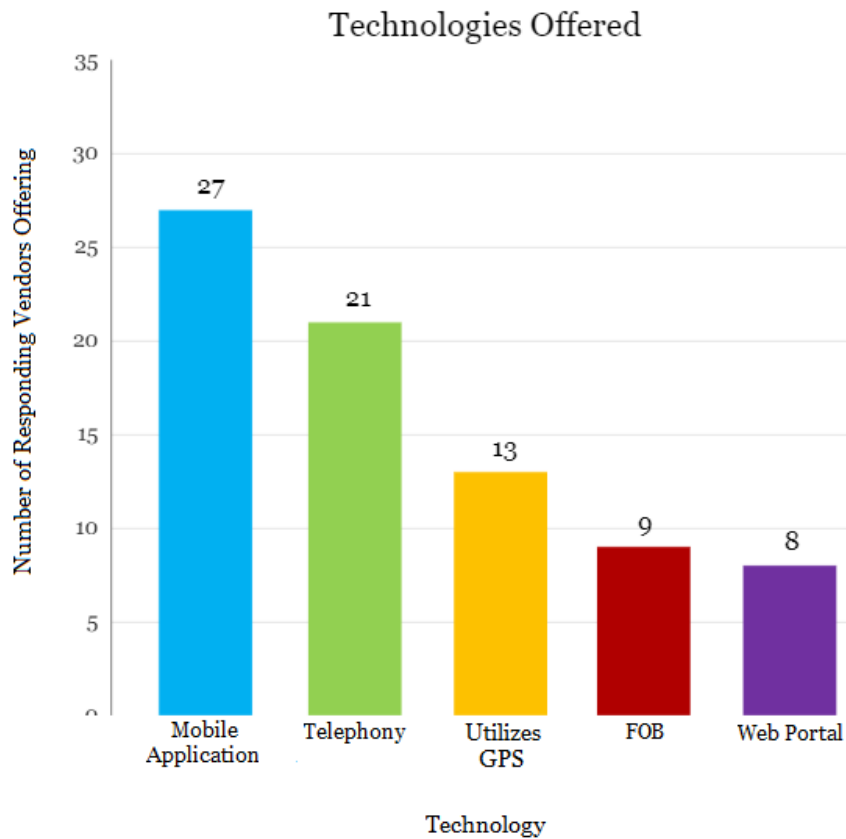
2.2 QUESTION TWO

Describe in detail the accessibility features, including but not limited to accommodations for hearing-impaired/deaf, visually impaired/blind, physical impairment, and developmental disabilities.

Consumers, family members/caregivers and advocates urged that EVV accommodate the accessibility needs of individual users. Important accessibility features requested include but are not limited to:
- Magnifiers or Zooming, Adjustments to Fonts, and Screen Reading
- Color Contrast, Color Filters, Grayscale
- Voice Commands and Hands-Free Software
- On-Screen Keyboards and Text-to-Speech Software
- Features that can tell computers and humans apart (i.e., (CAPTCHA) Methods)

All vendors indicated they offer accessibility features, but the capabilities of the technologies widely varied. Less than half of the vendors who responded stated their solution was ADA compliant, and an even smaller number of vendors stated that their solution met additional accessibility requirements such as Section 508 of the Rehabilitation Act, Web Content Accessibility Guidelines (WCAG A and AA) compliance, and World Wide Web Consortium's (W3C) web content guidelines.

Most vendors indicated their solution offers features for the hearing impaired/deaf and features for the visually impaired/blind. A small number of vendors indicated they also include features for development

disabilities and physical impairment but did not include specific details about these features. Some vendors stated that their solution does not offer accessibility features but relies on the devices used to collect EVV data and their operating systems to include accessibility features.

Accessibility Features Offered
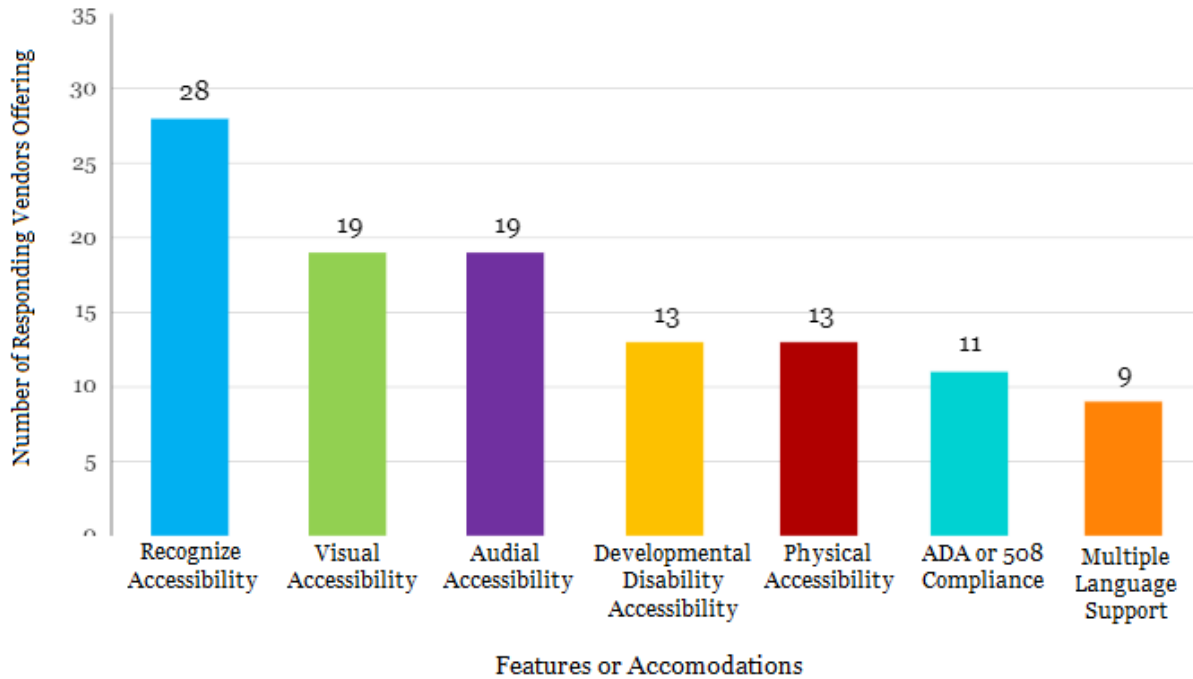
2.3 QUESTION THREE

Describe how your solution differentiates between services beginning or ending in the home that require EVV and those that do not require EVV.

During the EVV Listening Sessions, consumers expressed concerns about privacy violations and invasive measures that could infringe on their basic human rights. The Department asked vendors responding to the EVV RFI to describe how their solution differentiates between services that require EVV data collection and those that do not in an effort to remain minimally burdensome to both providers and consumers.

In their responses, most EVV vendors described how their solutions can distinguish between in-home visits that require EVV data collection and those that do not by offering configurable systems that allow for customization of how and when EVV data is captured.

A small number of vendors specifically referenced the CMS guidance released in August 2019, which states that location can be recorded as "Home" or "Community" explaining that their systems are configurable to meet the new guidance.

Multiple vendors recommended using EVV for all services instead of just PCS and/or HHCS to reduce the number of customized requirements. This would also make it easier for providers to process claims one way instead of submitting different claims for different services or programs.

2.4 QUESTION FOUR

Does your solution have the ability to aggregate data from multiple EVV vendors? If so, please describe.

CMS requires that EVV data from all EVV solutions be able to be aggregated. New York State is interested in learning if EVV vendors are able to aggregate EVV data from different vendors and consolidate in a way that can be used by the State and CMS.
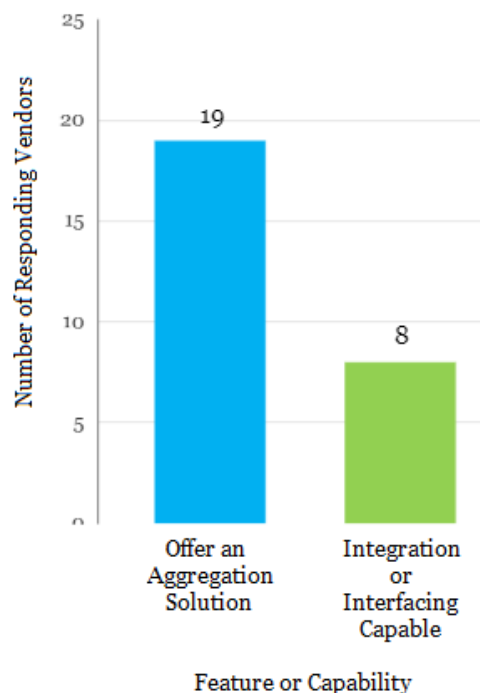
The response from vendors varied on their ability to aggregate data from multiple EVV vendors. A small number of vendors offer a standalone data aggregator as part of their EVV solution. These data aggregators would be able to integrate with a State MMIS system.

Most vendors claim they would be able to build a data aggregator to meet New York's needs but do not currently have one in operation. The remaining vendors did not offer any solution for data aggregation nor do they have the ability to aggregate data from other vendors.

One vendor recommended that the State should not

Aggregation Capabilities

select a solution where the aggregator vendor also offers an EVV solution as there could be a conflict of interest. If a vendor offers an EVV solution and a data aggregator, they may put undue burden on providers who are using other EVV solutions when it comes to data requirements and standards. Several other vendors discussed their experience in other states, stating the EVV solution vendor prioritized their providers over providers using alternate EVV systems, causing significant undue burden to the providers and alternate EVV vendors.

2.5 QUESTION FIVE

Describe your solution's reporting and analytics capabilities.

One of the guiding principles of EVV data collection is to assist in combatting fraud, waste, and abuse of Medicaid funds. The State's EVV RFI asked EVV vendors to describe their solution's reporting capabilities in order to determine how fraud, waste, and abuse might be identified and what other reporting capabilities will be available to providers and the State.

All vendors offer reporting capabilities and most of the vendors can create customized reports or analytics based on State requirements.

Most EVV vendors responded that they have a library of reports that can be run by the provider, MCO, or the State. All reporting is role and permission based. For example, an MCO or agency can only look at the data of their clients and does not have access to other entities' data, but the State would have the ability to access all EVV data collected.

The majority of vendors indicated that to reduce fraud, waste, and abuse, a unique ID must be used to identify care workers. This can be accomplished by using a social security number, tax identification number or a unique ID assigned by the State. Another way that vendors suggest the State uniquely identify care workers is to do a match using first and last name, date of birth, and address. Care workers who provide care for multiple providers will be given a unique ID by the state based on a match of these data points.

2.6 QUESTION SIX

Describe your solution's approach to interfacing with existing New York State systems and with other EVV solutions.

The State asked EVV vendors to describe their approach to interfacing with current New York State systems and other EVV solutions to better understand the impacts of selecting a model that will require connection to other systems.

Most vendors indicated that they use open Application Programming Interfaces (APIs) or if requested, a flat file can be used to integrate with other vendors or the State. Most vendors responded that they currently, or in the past, have integrated with a State system.

A recurring theme indicated by vendors, is that they would need to work closely with New York State to determine what systems are currently in place and how an EVV solution or data aggregator could be integrated to best meet the needs of the State.

2.7 QUESTION SEVEN

Describe your solution's flexibility, including but not limited to contingency plans for system outages, capabilities to manually edit, modify or override visit data, and how EVV data is collected in rural areas where technology infrastructure may be limited or unavailable.

Stakeholders expressed concerns about geographic areas with limited or no internet or cellular connectivity ("dead-zones"). Without a cellular or internet connection, stakeholders want to know how an EVV system will collect data and send it to the system's server in a timely manner. Stakeholders were also concerned about the impact solutions that are connected to billing and payroll could have on timely and accurate compensation. For example, EVV systems that are reliant on internet connectivity, care workers in "dead-zones," or technologically limited areas may compromise timely and accurate compensation.

Almost all vendor responses included contingency and data recovery plans as well as work arounds for areas with limited or no cellular or internet connectivity. Most of the respondents stated their EVV solutions are capable of collecting EVV data during a visit in an offline mode and once a connection is regained, the data will upload with the data points from when the visit occurred.

Most vendors indicated the ability to manually edit, modify or override visit data. This feature would only be available to those with appropriate roles based on the State's program rules for EVV.

It was also recommended by multiple vendors that more than one form of EVV technology is made available because in both rural and urban areas, wi-fi connection can be limited or non-existent. There are also instances where the caregiver may not have access to a working smartphone to use a mobile application. It was recommended that the State offer both the mobile application method and telephony for when the connection is unavailable.

2.8 QUESTION EIGHT

Describe your solution's methods for the transmission of confidential HIPAA data.

Stakeholders expressed concerns about data privacy and how their EVV data would be protected. New York State asked vendors to describe methods for secure transmission of confidential data.

All but one vendor indicated they use encryption for all data collected. Roughly half of the responding vendors claim to meet federal standards and are HIPAA compliant. A small number of providers are HITRUST certified, SOC type 1 and/or 2 certified, and FEDRAMP compliant as well.

2.9 QUESTION NINE

List entities that have access to the data your solution captures and on what terms they have access.

New York State wants to ensure that access to personal data is limited to only those who need it. The State asked vendors to list all entities that have access to EVV data collected and on what terms.

Almost all vendors responded that they will provide data access as instructed by New York State. Several vendors claim they are HITRUST Certified and follow the principals of least access. Some vendors have Helpdesk staff who can access solution data to assist end users in troubleshooting any application issues.

One vendor mentioned that agency administrators can manage their own users and individual users within an agency would only have access to data collected by the agency.

User Access Control Options

Number of Responding Vendors Utilizing (y-axis)

- Policy or Procedures: 27
- Roles-Based Permissions: 24
- Cloud-Server Permissions: 11

Control Methods (x-axis)
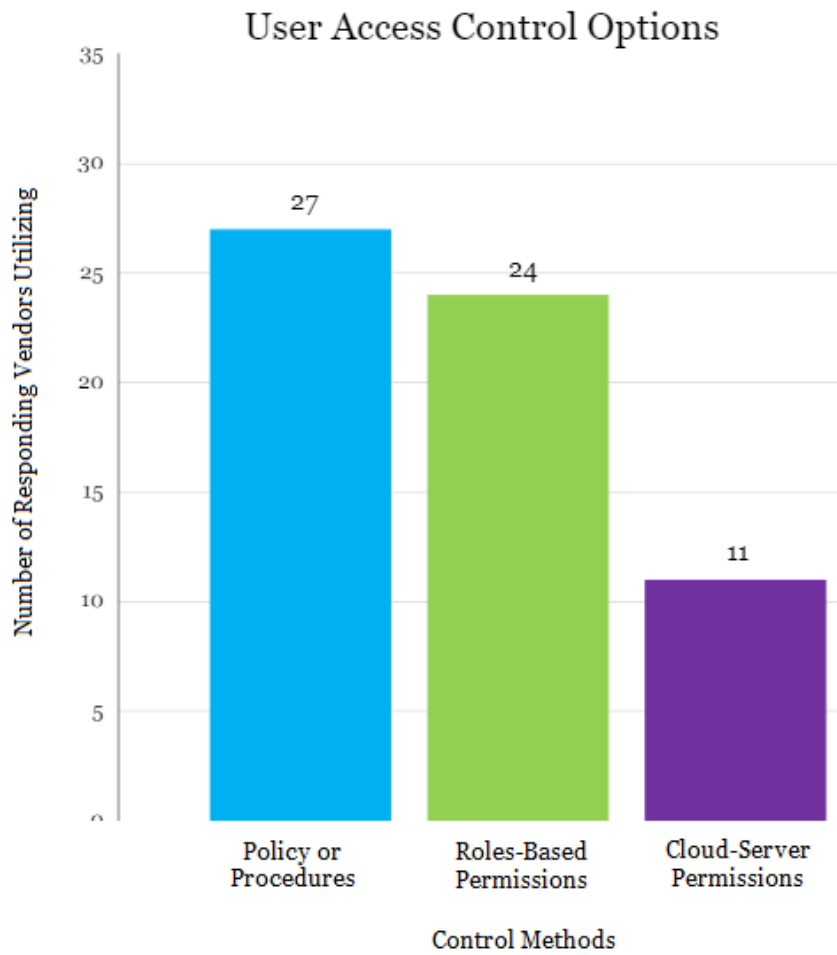
2.10 QUESTION TEN

Describe how/where your solution's data is stored and protected ensuring the privacy of consumers.

New York's consumers expressed concern about how EVV data will be used, echoing concerns nationally regarding the implementation of the federal law. Stakeholders indicated there must be transparency on what data will be shared, with whom, and for what purposes, and what protections would be in place to ensure their personal data is secure.

The majority of EVV vendors responded with the following:
- all data is encrypted at-rest and in transit
- they have a Business Associate Agreement (BAA) with Amazon Web Services (AWS)
- data is held stateside
- all data is auditable
- role-based permissions are used for accessing the data

Almost all vendors indicated that all EVV data collected is stored on a virtual server via a cloud service provider, the most popular being Amazon Web Services (AWS).

Data Storage Method
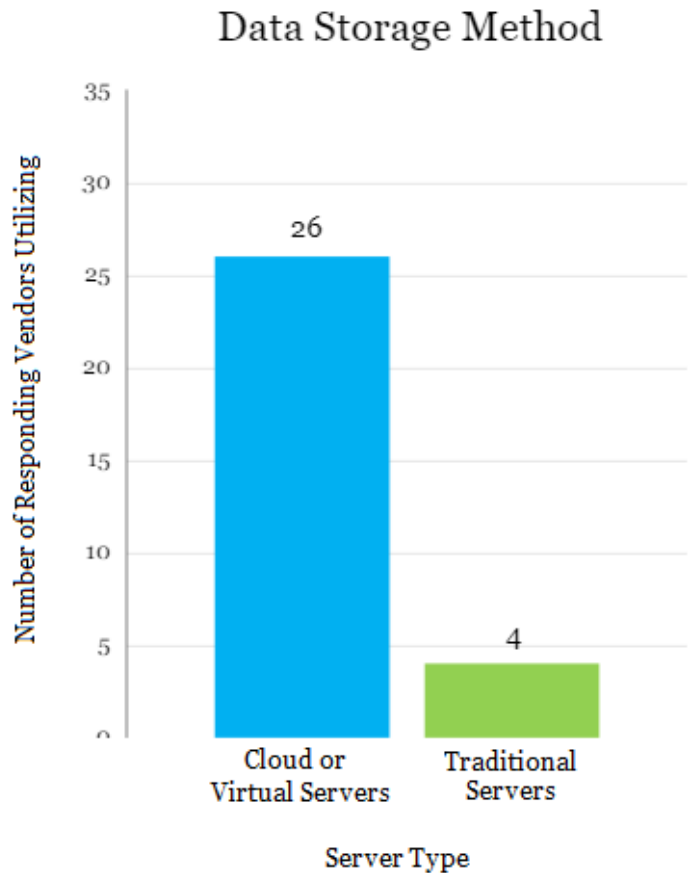
2.11 QUESTION ELEVEN

Describe your solution's training processes and materials.

Stakeholders wanted to know who will be responsible for training and related expenses. Consumers, providers, and FIs all highlighted the financial and other costs such as time, labor, and training. Some consumers and FIs are concerned that their personal assistants may lack the technical capabilities to quickly complete training.

Consumers stated the need for training to be accessible and available in multiple languages. Providers also recounted training-related communication problems with vendors like disagreements over responsibilities and poor service levels.

Most vendors offer training in various formats, including in-person classes, webinars, paper materials or self-paced computer-based learning. A small number of vendors offered a train-the-trainer program as well, meaning they would train a 'trainer' at each agency or provider office who would then train other staff. Also, a portion of the vendors offer their solution and/or training materials in multiple languages and some indicated they could add more based on the State's needs.

A small portion of vendors offered a Help Desk solution to assist stakeholders with the system.

2.12 QUESTION TWELVE

Describe the key milestones and timeframes for implementing your solution.

In order to understand the amount of time needed to implement an EVV solution, the State asked vendors to describe timeframes around implementing their respective solutions.

Timeframes for implementation ranged from a few days to over one year. Most of the responses did not indicate whether the timeframe applied to providers implementing an EVV solution or a State implementing an EVV solution.

Most vendors indicated it would take around 6 months to implement a provider agency solution. Some vendors did not provide a timeframe and small number said it would take less than a month. Only a handful of vendors gave a timeframe for a State specific implementation and they averaged 6 months to a year depending on the State requirements and model choice.

3.   NEXT STEPS

3.1   EVV FUTURE ACTIVITIES

In addition to the Technical Assistance Forums that will begin in April 2020, New York State will continue to engage with stakeholders to ensure smooth and well-informed implementation, including any required training for the those impacted by EVV. We will monitor the implementation, and work to address issues that may arise.

NYSDOH will be hosting a series of Technical Assistance Forums to allow for continued collaboration and communication with EVV stakeholders. The first session will be held on April 20, 2020. The schedule for subsequent sessions will be available on the NY Medicaid Electronic Visit Verification Program Event Calendar at https://www.health.ny.gov/health_care/medicaid/redesign/evv/calendar.htm.

To sign up for the EVV Listserv, email listserv@listserv.health.state.ny.us with the following: SUBSCRIBE EVV-L YourFirstName YourLastName. Any questions, comments, or additional feedback is welcomed to the EVV Help Email at EVVHelp@health.ny.gov.

APPENDIX

Below is a list of the vendors that submitted responses to the RFI. Vendors with "Demonstration" after their name are those that accepted invitation to meet with the State. The Descriptions of each vendor are self-described by the vendor and were obtained from their RFI submission.

3.1.1   ACCUPOINT
AccuPoint has been selling their EVV solution and related products since 2011. They are a web-based healthcare management platform designed to streamline business processes, maximize billable hours, manage compliance, and adapt to a changing regulatory environment. AccuPoint is a NYSDOH/OMIG approved Verification Organization (VO).

3.1.2   ALAYACARE, INC.
AlayaCare is a provider of cloud-based home health care software. They offer an end-to-end home care solution spanning clinical documentation, back office functionality, client and family portals, remote patient monitoring, and mobile care worker functionality. Founded in 2014, AlayaCare is a mission-driven Software as a Service (SaaS) startup that believes the future of home care will be a combination of in-home visits, virtual visits, and remote monitoring and that insights from the data collected through those interactions can help optimize the delivery of care.

3.1.3   ARROW DEMONSTRATION
Arrow is a dedicated system to help agencies improve client management, streamline scheduling and billing and payroll and stay compliant. Arrow is a member of the Associate Member of New York State Association of Health Care Providers, Inc. (HCP) and is a NYSDOH/OMIG approved Verification Organization (VO).

3.1.4   AT&T
AT&T Inc. is the world's largest telecommunications company, the largest provider of mobile telephone services, and the largest provider of fixed telephone services in the United States through AT&T Communications. AT&T's EVV solution is called Workforce Manager (WFM).

3.1.5   CARETIME HOLDINGS, LLC DEMONSTRATION
CareTime and its affiliated brands have been providing time and attendance, and now EVV, solutions to the home care market for over 20 years and was one of the pioneers in providing telephonic clock in and clock out technology. They process over 12 million check ins per year and represent some of the largest home care providers in the nation and serve a significant portion of the CDPAP program in New York.

3.1.6   CELLTRAK TECHNOLOGIES DEMONSTRATION
CellTrak develops mobile focused software for home health, home hospice, home care, community care agencies, health systems, and other pre-and post-acute providers. They have clients in the US, Canada, and the UK. Their solution is used in 4,000 provider locations to support one million visits per week.

3.1.7   CONDUENT
Conduent has expertise in state and local government services, healthcare, technology solutions, eligibility processes, and program management. They have 18 years of EVV experience and 48 years of health and human services experience, including staff expertise and experience in the direct delivery and

administration of EVV programs, Long Term Support and Services (LTSS), and Medicaid policy and program expertise.

3.1.8 ERNST & YOUNG LLP

E&Y has a track record working in the global and US health industry and brings insights from working with other state Medicaid agencies, managed care organizations, providers and federal health agencies. They have worked with at least 16 NYS agencies, departments, or authorities.

3.1.9 EVERO

EVero currently partners with over 50 Provider agencies across New York, which serve over 30,000 unique individuals, including over 6,500 individuals who self-direct their services. Founded in 2000, eVero is focused on access to quality, long-term care, especially those living with intellectual and developmental disabilities (I/DD).

3.1.10 FIRST DATA GOVERNMENT SOLUTIONS, LP DEMONSTRATION

FDGS is the government-facing business subsidiary of Fiserv Corporation, a Fortune 500 company that delivers technology and consulting services to public-sector organizations. FDGS has more than 17 years of experience as an EVV services provider for state government Medicaid programs. They have several active contracts and certifications on file with New York State and have an existing OGS contract.

3.1.11 GEOH

GeoH is a mobile application for the home healthcare industry that addresses administrative obligations like data entry, tracking notes, charting, time and attendance, payroll, EVV, and billable hours.

3.1.12 HEALTHSTAR DEMONSTRATION

HealthStar is an EVV solution company created in 2007, offering an EVV mobile application, In-Visit-Verification (IVV) software, transportation solutions, and mobile device management.

3.1.13 HHAEXCHANGE DEMONSTRATION

HHAeXchange is a large, national provider of EVV services and currently handles more than 101 million EVV transactions each year, processing more than $11.6 billion in Medicaid and related agency claims for more than 491,000 beneficiaries monthly. They handle 1.38 million EVV visits per week in New York. HHAeXchange currently provides Open EVV systems for 3 MCOs in Pennsylvania, 5 MCOs in Florida, and all of North Carolina's PHPs. HHAeXchange is a NYSDOH/OMIG approved Verification Organization (VO).

3.1.14 IBM

IBM has over 40 years' experience working with healthcare clients and is a leader in program integrity, data warehousing, Watson analytics and state-level integrations. IBM partners with Tellus to provide EVV and aggregation solutions. IBM works with 35 State and multiple national health care plans.

3.1.15 INTEGRATED DATABASE SYSTEMS, INC.

Integrated Database Systems, Inc is a home care software company. They developed the "Generations Homecare System" as a management solution for the private duty and Medicaid sectors of the homecare industry. They claim hundreds of providers in nine international markets, and nearly one hundred thousand daily users.

3.1.16 INTELIWOUND

InteliWound is a complete wound care management system that allows clinicians to assess, measure, and document in as little as 3-minutes. InteliWound is a HIPAA compliant cloud-based system that provides real-time oversight for clinical supervisors.

3.1.17 KEYNOTE SYSTEMS CORP.

Keynote developed their EVV solution with two of their long-term clients and have been developing Enterprise Resource Planning systems for home health companies in New York and other states since 1983. They specialize in online business technology, provide payroll services, billing software, and advanced accounting systems for many industries.

3.1.18 MAIN STREET COMPUTING DEMONSTRATION

Main Street Computing is a US company whose clients span seven countries, with both small and large projects. They specialize in Ruby on Rails powered web sites and mobile applications, as well building out native applications for iOS and Android and creating custom cross-platform solutions with Titanium.

3.1.19 MEDFLYT

MedFlyt is a management platform for home healthcare agencies to manage their caregiver workforce, coordinate and schedule their patient visits. It includes scheduling optimization by caregiver routes, navigation, online messaging, visit conflict resolution, caregiver certification and learning accreditation, patient billing, caregiver compensation, patient health records and more.

3.1.20 MEDISKED DEMONSTRATION

MediSked is a technology partner to health and human services organizations across the country. Their solutions support providers, oversight agencies, care coordination entities, and payers to use data to reduce costs and improve care. MediSked has a large client base of providers in NY and is familiar with NY's regulatory and service environment. They have also worked closely with the state as a technology partner on the Medicaid Redesign Initiative.

3.1.21 MYEVV

MyEVV was developed by a home care agency as an in-house solution and spun off as a new venture. Their emphasis is on simplicity and usability and is tailored for home care agencies.

3.1.22 OPTUM DEMONSTRATION

Optum is a part of UnitedHealth Group, a pharmacy benefit manager and care services group operating across 150 countries in North America, South America, Europe, Asia Pacific and the Middle East. They claim the world's largest health care database, 100,000 physician, practice, and health care facility clients covering 127 million individual consumers.

3.1.23 PUBLIC CONSULTING GROUP (PCG) DEMONSTRATION

PCG, Inc. is a public sector management consulting and operations improvement firm that has been conducting business in New York for over 20 years. PCG offers programmatic knowledge gained through working with 42 State Medicaid Agencies on complex, service-oriented projects over the past 33 years. Today, 31 consumer-directed programs in 17 states utilize their EVV technology with a mobile-based application, web portal, and optional fixed, in-home device or telephony system. PCG has worked in New York State for the last seven years, assisting the State in a number of strategic initiatives on behalf of the NYSDOH and other agencies, and is currently supporting the State in 16 projects.

3.1.24 PRECISIONCARE SOFTWARE INC.

PrecisionCare Software Inc. was founded by a team of human service providers and software developers who have been providing computer software and services to New York's Human Services Community since 2000. PrecisionCare understands services, regulatory requirements and the need for streamlined documentation for users.

3.1.25 RDFI SOLUTIONS LLC

RDFI Solutions LLC has been conducting large system transformations for 35+ years. Their leadership team includes executives and industry experts from both public and private sector. Their clients include Home and Community Based Service providers, Child Welfare, Article 32 clinics, Developmental Disability service organizations, Juvenile Justice, Behavioral Health providers, Social Welfare providers, and other state and local government units.

3.1.26 SANDATA TECHNOLOGIES DEMONSTRATION

Sandata Technologies is a leading U.S. provider of home care solutions that enable government agencies, Managed Care Organizations, and home care providers to manage and optimize the delivery of services. Sandata has considerable experience contracting and implementing EVV for State Medicaid programs with 26 State and District of Columbia Medicaid Agencies and Medicaid Managed Care programs, including consumer directed constituents. Sandata is a NYSDOH/OMIG approved Verification Organization (VO).

3.1.27 SKIP OF NEW YORK

SKIP's mission is to help New York State's most chronically ill and intellectually and developmentally disabled children and young adults access the services they need to live at home. They have 128 full-time employees and 300+ part-time Direct Support Professionals. They developed an in-house solution to manage their paperwork which grew into a comprehensive service-management solution.

3.1.28 TELLUS DEMONSTRATION

Tellus is a provider of mobile EVV, aggregation, and claims processing technology designed for the Home Health, Long-Term Services and Supports (LTSS) and Long-Term Care (LTC) markets.

3.1.29 VISITING AID, LLC DEMONSTRATION

Visiting Aid, LLC provides a cloud-based portal solution for Homecare Agencies to manage their business, maintain compliance and verify visits with EVV technology. Designed for flexibility, the Visiting Aid platform allows users to customize their settings for different levels of compliance, services and an evolving environment. Visiting Aid is a member of the Associate Member of New York State Association of Health Care Providers, Inc. (HCP) and is a NYSDOH/OMIG approved Verification Organization (VO).