Response to RFI # 32236

Case Management, Information and Payrolling System (CMIPS)
Electronic Visit Verification (EVV)

State of California
Health and Human Services Agency
December 6, 2017

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Re: Response to RFI # 32236
Case Management, Information and Payrolling System (CMIPS)
Electronic Visit Verification (EVV)

Dear Mr. De León:

HHAeXchange (HHAX) and CellTrak are pleased to submit a joint response to the California Office of Systems Integration (OSI) and the Health and Human Services Agency (HHSA) for the above-referenced Request for Information (RFI). The HHAX-CellTrak team appreciates the opportunity to respond to the RFI and hopes to provide you with information that will best meet the needs of the state and your constituents.

We believe that our integrated solution delivers a unique and radically stronger offering than any other vendor can provide in meeting the unique and large-scale needs of the California program. Together HHAX and CellTrak are among largest providers of EVV services, processing more than 160 million EVV visits in 2017, consisting of over $9 billion in claims for more than 500,000 consumers. Our experience individually and together allows our team to execute across a diverse population requiring a solution that meets the needs of the payer and respectful to the consumer and caregivers who serve their needs. HHAX is one of the Fortune 5000 fastest-growing businesses because we have gone beyond other vendors’ approaches to regulatory EVV systems:

- Our internal communications network allows secure, Health Insurance Portability and Accountability Act – compliant communications with provider agencies.
- Our jurisdictional system affords the ability to broadcast referrals and authorizations automatically and then have full, real-time visibility into the services provided.
- We fully integrate recipients’ Plans of Care to monitor the delivery of specific service tasks.
- We manage scheduling and services against Medicaid-provided authorizations.
- We interactively manage caregivers’ qualifications to secure compliance.

Multi-Layer Fraud Detection

- Significantly reduce fraud/Error via Visit Verification System
- Electronic Consumer Visit Validation – further fraud reduction
- Strong “Exception” reporting for non EVV compliant visits
  - Level 1 - EVV
  - Level 2 - IVR Next Day Consumer Validation
  - Level 3 – Drive targeted phone audits
  - Level 4 – Drive targeted in-home visit audits
Our series of built-in auditing filters ensures that submission of claims to Medicaid/Medi-Cal for payment occurs only for valid claims.

- We provide comprehensive performance analytics covering clinical, financial, and operational issues.
- We include real-time alerts to help providers comply with all program rules and regulations.

When independent or family care providers use CellTrak’s Mobile Health Solution, consumers receive exceptional health care in their home and community. Care providers and Consumers can ensure that where they choose to get the care and service is identified, authorized service hours are confirmed and do not put the consumer or caregiver at risk of service over the authorization. Our EVV technology allows for services to be provided where and when the consumer chooses and confirms with the Consumer that the service has been provided. Today, care providers in home healthcare, hospice and community care in the US, Canada and the UK are able to deliver higher quality care, communicate more effectively, improve compliance, reduce costs and increase productivity with CellTrak. CellTrak’s complete, integrated software-as-a-service solution supports millions of visits per week, facilitating care delivery and real-time field force management, automating data collection, and providing information for business and care optimization. CellTrak’s solution includes apps for all types of caregivers that run on mobile devices; permission-based-only portals for efficient, coordinated care delivery by a distributed workforce; interfaces to EHRs and back office systems; and services to support adoption and optimization. In addition, the application has a HIPAA secure messaging module that enables communication without utilizing text or voice service.

OSI/HHSA’s primary goal is to explore what opportunities may exist in the marketplace to verify in-home service delivery through an EVV implementation. The HHAX-CellTrak team shares similar values in our commitment to improving healthcare operations, containing costs, and protecting the integrity of healthcare programs as demonstrated by our steady growth supporting our home care clients. We are well qualified and eager to support the OSI/HHSA in achieving its mission.

For the upcoming procurement, OSI/HHSA will need a qualified vendor with proven subject matter expertise to provide comprehensive oversight and management of Medi-Cal authorizations and electronic documentation of service delivery. Together, HHAX and CellTrak oversee billions of dollars in Medicaid claims every year and have the expertise, which includes an incredible team of senior-level, highly experienced, and competent industry experts who can successfully complete this project on time and on budget with a superior solution.

The HHAX-CellTrak team offers the OSI/HHSA a complete jurisdictional EVV solution to provide the OSI/HHSA, caregivers and members the following benefits:

- Ensuring timely service delivery for members including real time service gap reporting and monitoring;
- Ability for members to quickly and efficiently monitor authorization depletion and time remaining and review and approve time claimed;
- Ability for caregivers to manually adjust time and review authorization depletion, time remaining and track payroll information;
- Unobtrusive check-in and check-out that does not impede on the member-caregiver experience and adds value by streamlining administrative overhead;
• Reducing administrative burden associated with hard copy timesheet processing by OSI/HHSA providers; and
• Generating cost savings from the reduction of fraud, waste and abuse.

Our system provides an end-to-end solution for EVV, scheduling with integrated authorization management, automation of timesheets and will provide OIS/HHSA with a “window” into the day-to-day activities of member and caregivers which will augment your ability to identify fraud, waste and abuse while ensuring that quality care and services are being provided. We will deliver the following benefits to the OSI/HHSA:

• Provide flexibility, security, and automation
• Enable comprehensive reporting and monitoring
• Combat fraud and abuse using a multi-layer approach

HHAX will provide the single point of contact for the HHAX-CellTrak response. As requested, our full company information and our official contact for this RFI are as follows:

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The HHAX-CellTrak team looks forward to additional conversations and follow up meetings to further explore our potential partnership together.

Thank you for your consideration.

Sincerely,

Greg Strobel

Greg Strobel
President & CEO, HHAeXchange
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Introductory Narrative

A vendor's response shall contain a narrative describing the following:

a. The vendor's primary business focus, areas of expertise, certifications and/or credentials relevant to the content of this RFI and experience with similar systems; and

b. The vendor's experience doing business with the State of California.

The mission of the California Health and Human Services Agency (HHSA) is to provide access to high quality, medically necessary healthcare for eligible California residents through cost-effective purchasing of healthcare services and products. The HHAX-CellTrak team shares similar values in our commitment to make the healthcare system work better, contain costs, and protect the integrity of healthcare programs. We are qualified and eager to support HHSA in fulfilling its mission.

Both, HHAeXchange and CellTrak’s sole focus is to provide high-value software and related services to the home care market. Our clients are consumer directed, agency providers and payers, which include both managed care organizations and states. HHAX has extensive experience in implementing and maintaining EVV programs. We currently manage EVV for over 500,000 consumers, recording in excess of 160 million EVV transactions each year. We have implemented more than 700 agencies, payers, and other entities at over 4,000 locations to hundreds of thousands of caregivers.

Our experience in implementing and maintaining EVV programs has been proven across all aspects of the non-medical homecare industry and our projects include some very large, multiagency programs, such as our project with the New York State Office of the Medicaid Inspector General, which involved more than 30 prime provider agencies and their large networks of contracted providers. In addition, we have had tremendous success with implementing multiple EVV technologies to large decentralized populations of caregivers with a high degree of compliance.

HHAX and CellTrak have been serving the Medicaid market since 2006 across a provider network of over 500 locations. Together, we provide Electronic Visit Verification services (EVV) to over 500,000 consumers in all 50 states. HHAX and CellTrak started in the home healthcare market supporting providers who deliver home and community based services. Over time, to support the need for the providers to communicate regularly with their payers, we developed a communications portal that allows the provider and payer to communicate directly in real time with each other on a common platform. As we identified...
additional functions to ease the process, we added more EVV and claims submission functions to our tool. In addition, we developed a Care Team Portal that allows the consumer and other approved members of the consumers care to view visits/services provided.

Today, HHAX provides a common platform that allows consumers, caregivers and payers to all interact on a real-time basis. Starting from the on-boarding of members and caregivers, assignment of authorization, scheduling and service delivery with EVV; to claims submission and 835 remittance/acceptance, we provide a comprehensive suite of functions to assist with the care and communication to this community. Our EVV platform provides multiple solutions to meet the individual needs for consumers and their caregivers with the least intrusive technology-meeting mandate.

The HHAX and CellTrak client retention rate is 97+. HHAX has been identified by the INC 5000 as one of the fastest growing healthcare software companies in the United States.

As providers of comprehensive EVV systems since 2006, we have an in-depth understanding of, and experience working with the unique challenges experienced by state Medicaid programs. The HHAX-CellTrak team has in-depth knowledge of OSI/HHSA data, systems, and program functions and a clear understanding of its expectations and goals. As evidenced throughout our detailed response to this RFI, HHAX and CellTrak are optimally positioned to help OSI/HHSA address evolving Medicaid/Medic-Cal program requirements well above and beyond the typical EVV vendors that OSI/HHSA may be considering.

HHAX and CellTrak are nationally recognized as an innovative trailblazer and industry subject matter expert in the field of EVV. An example of this is the recent Fierce Health Payer Innovation award in the Fraud, Waste and Abuse category. The Fierce Innovation Awards recognize pioneering technologies and solutions that will catapult the health payer industry into exciting new realms.

CellTrak's EVV solution is used on behalf of Medicaid and Medicare beneficiaries’ agency and consumer directed care providers like Addus Home Care (www.addus.com) and Bayada Home Care (www.bayada.com) and Consumer Direct Care Network (www.consumerdirect.com). In fact, CellTrak’s solution is used by hundreds of thousands of care providers in over 4,000 agency locations in all 50 states, including California.
Recommendations

A vendor’s response shall contain any additional recommendations that the vendor determines are relevant to EVV.

The discussion of options in the Proposed Environment section of the RFI was very helpful. Though this is an area where detailed vendor-state discussions are warranted, we have some initial recommendations.

Individual Provider Model

We would suggest a hybrid approach that blends Option 1: Leverage IHSS Portal for Individual Provider Model and Option 2: Replace all timesheet processes for the individual Provider Model. More specifically, we suggest the following:

- Embrace the procured EVV system as the system of record for the recording of electronic visit information and use the HHAX Portal or the IVR Electronic Time Sheet solution for the manual entry of time. Adjustments of time and review and approval of time by the caregiver and member (or family member/proxy) can be completed within the portal after EVV times are submitted.
- Integrate the procured EVV system with authorizations so scheduling and/or visits can be constantly monitored for consistency with the authorization. The recipient and caregiver could also track authorization utilization through the HHAX Portal or on in the mobile solution.
- Maximize the use of the procured system to produce alerts for central county and/or state staff to monitor the timeliness and compliance of caregivers.
● Create interfaces with the CMIPS. The procured system would send timesheet information to CMIPS after ensuring that all information is exception-free and verified by the member. CMIPS would continue to service payroll. CMIPS could continue to submit Medi-Cal claims or, the HHAX-CellTrak system could submit them directly to Medi-Cal.

● To leverage OSI/HHSA’s investment in adaptive aids for accessing the IHSS portal, we suggest maintaining the IHSS portal as an entry-point for members and caregivers that require this functionality. This would also necessitate an interface to the EVV system to receive updates and maintain a complete record of information and provide comprehensive reporting.

We provide in Exhibit I, an illustration of the general, proposed flow of key information between the HHAX-CellTrak system and CMIPS.

We would further recommend maintaining the IHSS Portal’s Electronic Timesheet System (ETS), the Telephone Timesheet System (TTS) and the Timesheet Processing Facility (TPF) as part of the transitional phase. By keeping these systems in place, it will allow for a more gradual transition for the large recipient and caregiver populations.

One of the earliest goals, for each phase and in the overall transition, would be to eliminate the paper timesheets and decommission the TPF.

With more information on the functionality and adaptive aid requirements, it is likely that we could also plan for the elimination of both the TTS and the ETS in the later stages of an implementation project.

**Agency Provider Model**

We recommend requiring the use of EVV to ensure that all the requisite checks and edits are in place prior to billing. As described in the RFI, individual counties are payers in this model as well as a Fiscal
Intermediary on behalf of DHCS for enrolled providers. Based on that, we would suggest individual clean claims (after editing checks by the EVV system) be sent by the EVV system to the counties and FI.

The solution for payroll would be the responsibility of each provider agency. HHAeXchange typically interfaces with the provider’s existing payroll application or their contracted service provider to accomplish the production of payroll based on the electronic gathering of visit information.

It would be the State’s choice as to whether the procured vendor solution is mandated for EVV or, if the providers would be allowed to procure their own EVV solution. In the latter case, HHAX would specify an interface standard and 3rd party EVV vendors would submit EVV data and claims through that interface.

RFI General Questions

Service Delivery

1. Describe how your company delivers this type of electronic verification solution or service in similar Medicare and Medicaid settings, or other similar health care settings for consumer directed personal care and/or home care service delivery. Include a description of the population characteristics of individuals currently served by your system(s) and include the number of members.

Population Characteristics

The HHAX-CellTrak team currently serves over 500,000 members receiving various types of services in home care or other approved settings. These consist of members approved in aging and various disability programs. These populations, and their needs, are very diverse.

HHAX and CellTrak have successfully completed several projects of large size and scope. The following are descriptions of such projects, along with the characteristics and services covered in each:

**Personal Touch**

Personal Touch Home Care (CHHA & LHCSA, CDS) began providing home care services in 1974 and since that time has grown into a national company with more than 50 locations in 11 states. This HHAX project was a large-scale implementation and our Payer Management System helps them manage their New York state provider network that incorporates more than 65 agency entities.

Personal-Touch provides home health care personnel and related services to individuals in their homes, up to 24-hours per day, seven days per week. The Company's caregivers consist of Registered Nurses, Licensed Practical/Vocational Nurses, Licensed Physical, Speech, and Occupational Therapists, Medical Social Workers, and Trained Paraprofessionals. In addition to traditional home health services, Personal-Touch has developed specialty programs including mental health, pediatric, maternal/child, hospice, rehabilitation and others.

The Company, through its pool of approximately 3,000 nurses, provides skilled observation and assessment of the patient's physical and mental status, monitors the medication and dietary needs of the patient,
administers appropriate clinical treatments, and provides instruction to patients and families. The Company's pool of approximately 12,000 paraprofessionals (comprising home health aides and personal care aides) assist patients with health-related tasks and the activities of daily living.

HHAX utilized a very aggressive remote onboarding process that involved training and technical setup. The average provider required 7 to 10 days of actual work duration to be up and running on the HHAX platform. Personal Touch is now actively looking to utilize HHAX in other states.

Personal-Touch also provides, on a limited basis, supplementary staffing to nursing homes and hospitals. In 1996, Personal-Touch opened its first Early Intervention home program and education center. Through a subsidiary, Personal-Touch also provides home medical equipment in the New York market.

**All Metro Health Care**

All Metro Health Care is one of the largest licensed agencies in New York. They service patients in New York, New Jersey and Florida since 1955. They have provided home care services to tens of thousands of patients and maintain an average census in excess of 8,000.

All Metro selected HHAeXchange in 2015 after an exhaustive vetting process, and now utilize it for all aspects of their homecare services. We continue to grow with All Metro and are currently rolling out the HHAeXchange platform across an additional 30 sites in New York, Pennsylvania, Florida and New Jersey.

To manage the implementations and conversions from legacy systems at acquired entities, we are working with All Metro to utilize a zone phase approach. This allows us to concentrate resources area by area to ensure thorough adoption and competency in each area before moving to the next. We coupled this zone phase approach with local train-the-trainer programs for location and area managers to expedite onboarding new sites.

**New York State Office of the Medicaid Inspector General**

HHAX has served as a Verification Organization (VO) for the NYS OMIG since 2012, ensuring that Medicaid providers receiving Medicaid reimbursements comply with the state’s VO requirements which apply to entities receiving $15 million or more in combined Medicaid reimbursement for personal and home health care services.

New York’s solution allows providers to choose their own EVV vendor with the additional requirement that they employ a VO. Verification Organizations are approved and enrolled in the Medicaid program as Service Bureaus. They perform critical review and reporting functions to ensure that all state-required controls and pre-claim checks are in place for each provider and that the information collected through the EVV process is fully aggregated and available for the state to review and perform monitoring functions.

Currently, HHAX manages VO services for more than 30 New York clients. They all use the HHAX payer management system to achieve the following goals:

- Validate services
- Provide required documentation on exception reporting
- Identify metrics related to quality of care
Several of HHAX’s VO clients also manage their own subcontracted vendor networks. The average network has an average participation of 24 subcontracted vendors (i.e., provider agencies). HHAX manages services for the providers in these networks. It has greatly expanded the reach of its payer management system in New York.

A dedicated HHAX VO Department directly works with provider agencies in performing an annual audit and related attestation that all required controls are in place. The internal VO Department also handles all onboarding of new provider agencies and new subcontracting vendor providers.

Addus Home Healthcare

As a multi-state provider of home and community based services to over 50,000 consumers annually providing over 25 million hours of service by 19,000 care providers daily across 24 states, including California. Addus manages both consumer-directed and agency-directed care providers via the CellTrak EVV system since 2008. Their choice to implement without a mandate was to improve compliance, ensure utilization of authorized services/hours and enhance care communication between consumers and care providers.

CellTrak provided a comprehensive EVV solution via mobile and IVR that allowed the flexible choice of consumers and care providers that met with their personal needs without infringing on their personal “space”. Consumer directed care providers EVV would allow for consumer choice of locations of service, time and services documentation when required or desired. In addition, integrated within the solution is a HIPAA secure messaging platform. Alerting for under and over utilization of authorization/scheduled services protect the consumer and care giver from personal financial risk.

The EVV solution required by Addus was to work on any mobile phone or tablet and in and out of cellular coverage, allowing for independent un-restricted use and performance. In addition, a high degree of security was required within the mobile solution that did enable remote ability to restrict access to the application when a care provider is discharged by the agency or consumer.

System Description

2. Provide a detailed description of the EVV System:
   a. Functionality of the system including the devices, methods of data collection, technology and infrastructure requirements for both individuals receiving services (Recipients) and service providers (Providers), (e.g., land-line telephones, cell phones, in-home fixed device, tablet, internet, GPS).

The OSI/HHSA is seeking an Electronic Visit Verification (EVV) system to ensure timely service delivery for members including real time service gap reporting and monitoring; reducing administrative burden associated with hard copy timesheet processing by OSI/HHSA providers; and generating cost savings from the prevention of fraud, waste and abuse. HHAX is a leading healthcare software company and provider of
an EVV platform that is rich with features and functionality well beyond basic EVV and claims submission. Customers who use our Payer Management Solution (PMS) frequently recommend our platform due to its:

- Ease of use
- Strong compliance module that confirms recipients are being cared for in their home (or predetermined care setting) by the service providers scheduled to perform the services
- Ability to confirm that services are being provided within the authorized plan of care duration

The HHAX Payer Management System (PMS) application provides a jurisdictional view of services provided by the various California Medicaid plans or programs, and it can manage multiple programs simultaneously across desired recipient populations.

**System Functionality**

HHAX’s PMS allows OSI/HHSA and counties to manage:

- Recipients
- Authorizations
- Caregivers
- Direct care service provider compliance requirements
- Billing rules
- Claims management

The application includes full visibility into the caregivers’ service activities. This allows OSI/HHSA to ensure the delivery of high quality, medically necessary healthcare as authorized and that claims are fully verified and scrubbed prior to submission for payment.

OSI/HHSA can pre-load the authorizations for recipients and, where recipients don’t self-select a caregiver, can refer the recipients to a specific caregiver or provider agency. Authorizations determine the authorized date range of services; service provision types; and hourly limits for each day, week, month, and entire authorization period. Once authorizations are entered, HHAeXchange constantly monitors reported services, ensuring no claims are produced outside of the authorizations.

PMS provides OSI/HHSA with the following:

- **Real time governance** to know immediately what happens and when
- **Accurate claims management** to automate claims construction
- **Real time communication** with a complete audit trail
We provide in Exhibit II an illustration of our solution.

**Exhibit II  The HHAX Solution Offers Many Unique Benefits to OSI/HHSA**

The HHAX PMS secures error rate reductions in billing, safeguards against fraud and improves program oversight, described as follows:

**Secure error rate reductions in billing.** OSI/HHSA controls the authorizations/plans of care and passes them to the caregivers/providers in a controlled manner, thus eliminating human errors related to billing and communication. We push billing rates out to providers to ensure accurate claims are returned.

**Safeguard against fraud.** PMS ensures the following information is always correct on submitted claims:

- Correct recipient is receiving service
- Correct direct care service provider is delivering service
- Correct service is being provided within authorization
- Correct visit duration
- Correct service task codes for the POC
- Correct bill rate
The system will never allow a caregiver or provider agency to bill over authorized hours. OSI/HHSA can also easily identify recipients with unused authorized hours. Caregivers confirming visits for durations less than the authorized scheduled durations are identified as not maximizing services for the recipient, and homecare agencies can quickly identify and rectify such underutilizations that are missing the EVV/Claim reconciliation. If a claim has no EVV record, it will force the caregiver to enter an override exception and if desired by OSI/HHSA, require the member to approve the exception. OSI/HHSA can then analyze those exceptions by caregiver/member, reason code, and program.

The HHAX-CellTrak system offers a variety of options for data acquisition from the point of care that are adaptable based on available technology. It supports the use of telephone, real-time Global Positioning System (GPS), and fixed-visit technology that does not require landline or cellular use.

HHAX-CellTrak offers Medicaid agencies and their providers a flexible and innovative EVV and Monitoring solution. The solution also includes the point-of-care technologies to validate visit verification.

**Client’s Landline Telephone**

Using the client’s landline telephone is the preferred solution whenever possible because the fixed location of a wired telephone certifies a static location. Calls originating from this type of connection transmit automatic number identification (ANI) information along with the call. This allows HHAeXchange to establish a one-to-one relationship between the ANI information and the client’s home, confirming the authenticity of calls tagged with this ANI information from the registered home. Originally developed by AT&T® for internal long-distance billing purposes, ANI does not relate to newer caller identification number (ID) services. Although ANI serves a similar function, it uses different underlying technologies and is superior in many ways to caller ID. For example, people cannot forward or “spoof” ANI the way they can caller ID. It is the technology used by 9-1-1 Call Centers to verify the actual source of a call into an Emergency Call Center, and telephone companies use it for their billing systems.

Calls made into the HHAeXchange Call Centers do not affect the number of calls a recipient can make or count against the recipient’s allotment of minutes. HHAeXchange uses toll-free service for all telephony so that these calls do not affect the recipient in any way.

**Alternate Client Telephone**

A client can register up to three alternate telephones, including a cellular telephone, to a specific recipient. When a provider calls in using that recipient’s cellular telephone, HHAeXchange matches the telephone number received from the ANI with the one registered to that recipient to certify valid EVV.

HHAeXchange uses toll-free service for clock-ins and clock-outs. Accordingly, when a recipient uses his/her cellular telephone as an alternate (or primary) reporting point, there are never any charges to the recipient or loss of any cellular minutes when making toll-free calls. The only exception is when using a

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We are confident that our technologies will assure OSI/HHSA that visit verification occurs at the point of care and helps guard against allegations of fraud or abuse. Most importantly, we feel it will improve the healthcare of California patients receiving in-home care.
pre-paid cellular telephone. Such a telephone can utilize a recipient’s minutes and calls; therefore, HHAeXchange does not consider pre-paid cellular telephones to be suitable alternative or primary reporting devices for EVV.

**Global Positioning System—Enabled Devices (phone/tablet)**

Mobile devices using CellTrak’s mobile application on a device that is GPS-enabled can send automatic location information as part of the Data Record to verify the location of the device when recording of time (i.e., clock-in and clock-out) occurs to start and end a visit to a recipient. We use that data set to build a verifiable Visit Record of confirmation of service location for start and finish.

CellTrak receives GPS accuracy according to the U.S. GPS Standard Positioning Service Performance Standard. Accuracy under this standard has achieved horizontal accuracy to within three meters and vertical accuracy of within five meters, depending upon the receivers used. The GPS receivers used in different models of smartphones can vary, although most phones manufactured since the early 2000s utilize satellites to pinpoint location vs. cellular tower triangulation; however, receivers can vary in different models - so the type of phone used by the providers can affect GPS results.

The overlaying of GPS addressing onto mapping software occurs at the street address (i.e., the mailbox) rather than the inside of the home, forcing software vendors to “loosen” their acceptable proximity for validation of GPS addresses (geo-fencing). For example, when a recipient has a long driveway, GPS transmissions from the inside of the home might not align with the geo-mapped address and, therefore, not register as a match. To address this issue, we allow for the adjustment of the geo-fence. In addition, given the nature of consumer directed care, EVV occurs outside of the home on many occasions, therefore GPS capture of the visit start and finish is used to just confirm service. In addition, on the mobile application the consumer or consumer advocate can sign off and approve the visit location/time provided. This allows for the consumer to decided where and when the service(s) may be provided and not restricted to the “home.”
Fixed-Visit Technology

Use of fixed objects (FOBs) to gather data from the homes of recipients without landline telephones or Internet has increased over the past several years. These devices use an encrypted algorithm to generate a date/time code on demand. For the HHAeXchange solution, registration of an FOB is to a specific recipient, so the system knows from which homes the clock-ins and clock-outs occurred.

How Fixed Objects Work

When a provider arrives at the visit location, he/she presses the button on the front of the recipient’s FOB, which then displays the date and time as an algorithm-scrambled eight-digit code. The provider writes down that number and repeats the process on the way out. The provider can then use any telephone to call into the HHAeXchange system within a specified number of hours or days. We can customize the setting to accept calls up to seven days following the date of the visit.

An HHAeXchange FOB is a sealed device that requires no maintenance, charging, or battery replacement. Once registered and affixed in a recipient’s home, it acts as an effective reporting device for authenticating the date and time of visits.

Security Features

HHAX-CellTrak utilize multiple methods of authenticating that visits actually occurred in the client’s home. Each of these methods utilizes different technologies and approaches to creating clock-in and clock-out records.

Automatic number identification (ANI). This technology works with landlines and assures calls received originated at the client’s home. The phone carrier sends ANI signaling as a subcarrier signal received along with the dual-tone multiple frequency tones that determine the number dialed. The ANI information helps establish the true source location of a landline call and ensures that HHAX can confirm that the calls made were from the client’s home.

Fixed object (FOB). Providers use FOBs when a client does not have an available landline telephone, does not allow a provider to use his/her telephone, or does not have reliable telephone service. The FOB is registered to a specific client and installed in a semi-permanent fashion in clients’ homes using a security tie. The security tie has a unique serial number registered to the client along with the FOB, so any tampering with the device or attempts to remove it will become obvious to the provider’s agency. Since the FOB creates a unique number combination that represents the client, date and time, valid clock-ins and clock-outs must occur from the client’s home.

Global Positioning System (GPS) sensors. HHAX provides GPS capability in three versions suited for different devices. Download of the application to devices is at no cost to the provider:

- **Apple iPhones.** HHAX-CellTrak offers a free app from the Apple Download Store.
- **Android cellular telephones.** HHAX-CellTrak offers a free app from the Google Play Store.
- **Laptops and tablets.** Laptop and tablet devices require a cellular or Internet connection to store and relay GPS location-verification information. This connection can occur through Wi-Fi at the client’s home or a “hot spot” established through a smartphone. GPS can verify location within three meters horizontally and five meters vertically. Because GPS addressing occurs at the street level, HHAX-CellTrak allows providers to “re-establish” the proper GPS coordinates for a client’s home as being inside the home rather than at the street. This ensures that valid clock-ins and clock-outs done through GPS actually occurred from the client’s home.

HHAX-CellTrak offers two methods for the client or client designee to review/approve the service times reported by caregivers:

A **“Family Portal” for each client.** The portal allows OSI/HHSA, the counties or their designees to register the client, family members or client designees as users with access to the client’s Family Portal.

- The Family Portal does not give authorized users any access to the HHAX application.
- Designees, such as fiduciaries, can receive access to the Family Portal of multiple recipients.
- State or County agencies can issue “Announcements” that will appear on every client’s Family Portal. These universal notices can communicate important information to clients, their families, and authorized client designees.
- The caregiver servicing the client can create messages sent to a specific client’s Family Portal. All persons registered for access to that Family Portal will be able to log in and see the Wall Posts.
- Family Portal messages are private messages directed to a single person registered at a client’s Family Portal. Most often, these messages are to alert a primary caregiver in the home that the client may be in need of additional services or supplies or to alert them to a change in condition. Messages are only viewable by the intended person.

We provide in **Exhibit III** a screenshot of the Family Portal Home Page.
Exhibit III ► Family Portal Home Page

Exhibit IV provides a screenshot of the Family Portal pages detail with invoices submitted for the member. The system maintains a record of the history of all announcements, wall posts, and messages for audit purposes.

Exhibit IV ► HHAX Family Portal: Invoices Submitted for Member
HHAX will provide caregivers the ability to send their timesheets to the family portal for review and approval by the member or the proper designee.

Finally, the system maintains a record of the history of all announcements, wall posts, and messages for audit purposes.

b. Describe how your EVV solution could meet challenges inherent to California. Include challenges specific to the large volume of Recipients and Providers and how to address the fact that approximately half of IHSS and WPCS Providers are family members and/or live in the household with the Recipient.

The HHAX-CellTrak team is experienced with large-scale projects and large customer bases. Our systems are cloud-based, SAAS platforms that fully scale to meet increasing transaction volumes.

In addition to basic EVV services, the team is dedicated to creating process efficiencies that achieve the triple aim of enhancing the users experience, improving health care outcomes and lowering the cost of care.

CellTrak’s industry leading mobile interface allows for extremely efficient check-in and check-out which is especially beneficial for the increased frequency (starts/stops) that are typical for live-in/family member care. Our flexible system can be easily adjusted to meet any unique needs that OSI/HHSA may desire and ensures the capture of the client and caregiver signatures.

c. Security features of the system that confirms the identity of both the Providers and Recipients and how that data is kept secure.

HHAX is a 100% web-based and fully hosted Software as a Service (SaaS) solution. We will provide Medicaid users with access to our platform via a secure two-stage role-based log in through a standard web browser, such as Internet Explorer®.

HHAX limits providers’ authority by security rights issued to them. This includes limiting the ability of providers to modify service information. Authorized users can create rules to control which parameters providers can and cannot update, and what changes can be to each of those parameters.

HHAX provides complete role-based security access to the system and roles are assigned specific security rights from a comprehensive table of rights that covers all aspects of the HHAX system. The system limits users by role and multiple roles can be assigned to each user. In such cases, the user will inherit the security rights of all of the roles to which they are assigned. The system maintains a history of every login, and each user session is timed. We can generate complete reporting of user logins and session times on demand.

User access to the system can be restricted several different ways:

**IP Address.** Users can be limited to a set of specified IP addresses to ensure login only from specific locations with static IP addresses.

- **Time of Day.** Users can be limited as to the hours they can access the system to ensure access only during approved hours.
- **Office.** Users can be restricted as to which offices they can access, with access available to multiple offices if needed.

The system internally tracks all additions, edits, and deletions made to HHAX system data. Also designed as an audit tool, this tracking system records every change made to every field in every record, including
who made the change and when, and the field value prior to the change. An administrative user with proper authority can review and update any changes made.

HHAX also includes a user accessible view into the changes made to critical parts of a record that could affect the authenticity or verifiability of visit claims data. In these areas, users can simply click on the HISTORY icon on the screen and the history of changes made to that section of the record will display. The user cannot change the history of changes made to a record, so it becomes an auditable system point.

The system can generate reports of changes made to specific data fields on demand or automatically. It captures the following information any time a user modifies a visit record (date, time in, time out, or task code):

- The name of the caregiver who made the change
- The date the change was made (MM/DD/YYYY)
- The time the change was made (HH/MM/SS)
- The value of the field before the change (old value)
- The value of the field after the change (new value)
- The type of action performed (Created, Updated, Deleted)

In addition to limiting access to the ability to change visit data and tracking the history of changes made to a visit record, HHAX also provides for caregiver self-auditing when making changes to the visit records. This ability is accessible to the user at the provider level.

When a caregiver edits a visit record, he/she must select a reason code that explains the reason for the change. A reference table, controlled by OSI/HHSA or their designees, drives the allowable reason codes.

HHAX limits caregivers’ authority by security rights issued to them. This includes limiting their ability to modify service information. We create rules to control which parameters providers can update, and what changes can be to each of those parameters.

HHAX’s information-security practices comply with a variety of federal and state laws, regulations, security standards, and corporate policies. Generally, the purpose of these regulations and standards is to protect individuals and organizations against the unauthorized disclosure of information that could compromise their identity or privacy. Legal regulations cover a variety of types of information, including personally identifiable information (e.g., Social Security Number, driver’s license number), personal financial information (e.g., credit card numbers), medical information, and confidential employee information. As part of our dedicated and on-going efforts to ensure security, we adopt, implement and adhere to a variety of different safeguards which include:
Data Collection and Monitoring

At project start-up, we upload into the HHAX system the basic member, provider and authorization information, and then update this information regularly via file transmission, web services, or web entry of updates. Real time monitoring occurs on an ongoing basis, providing real time updates to dashboards, and providing appropriate alerts as defined in the configuration process.

HHAX utilizes industry standard recovery procedures for retention and storage of backup files and software plus ongoing mirroring of all key data in a disparate location.

We conduct a full backup of all production databases every night. We conduct a differential backup of all production databases every four hours during business hours. We conduct a transaction backup of all production databases every five minutes. We validate and verify full backups before storing them in the archive location. The backup archive maintains full backups for the following:

- The last 30 days
- Weekly back-up of the last 52 weeks
- Monthly back-up of the last 7 years

We maintain backups in the local storage attached to the servers, NAS storage within the data center, and an external location (Amazon Cloud).

We mirror primary application data to a secondary data center as an external Disaster Recovery Setup. In the event of a catastrophic failure of the primary data center, the most critical sets of operational data are readily available in the secondary location, normally within a few minutes but always within the four-hour window stated in our Service Level Agreement.

Point of Care Data Collection

Data is collected at the point of care, for every visit, using the following methods:
● The date of the service and the start and end times of the service are obtained real-time based on
the actual clock-in and clock-out times for an ANI call or a mobile device entry. For calls made
subsequent to a clock-in and clock out using a FOB, the unique numbers displayed by the FOB will
give the date and times the fob was used. Visit time is tracked in hours and minutes.

● Service codes are entered in the mobile application or, for phone entries, using an Interactive Voice
Response menu system.

● Units used are based on the duration of the visit and the services performed. Each visit and the
 corresponding services must be consistent with the Plan of Care and authorization.

● The individual receiving the services is identified via the member information corresponding with
the registered phone number of an ANI call, the location from a GPS device or the unique identifier
identified in a phone call and originating from the FOB in the individual’s home. This information
is cross-referenced with the member’s identity for the scheduled visit. In addition, the CellTrak
mobile application can be configured to require the member’s and/or the caregiver’s signature.

● The identity of the caregiver is captured via a Personal Identification Number (PIN) entered at the
time of a phone entry (ANI or subsequent to using the FOB) or via login credentials when a mobile,
GPS enabled device is used.

● The location of the service is identified via the member’s address information corresponding with
the registered phone number of an ANI call, the location from a GPS device or the unique identifier
identified in a phone call or mobile entry originating from the FOB in the individual’s home. This
information is cross-referenced with the member’s identity and address information which
corresponds to the scheduled visit.

Additional Information

The HHAX-CellTrak system provides a variety of additional information and features which include:

● A travel time module which uses a Google Maps API to calculate distance between shifts when
worked on the same day, by the same caregiver, for different locations. When a customer selects
this option, the system creates a travel time record which is then included in payroll processing. In
addition, based on the customer’s payroll logic, regular hours, training hours (if applicable) and
travel hours can all be factored into overtime calculations. As an alternative to hourly rates for
travel time, the system can also produce mileage totals which can be used to create expenses based
on a mileage rate variable.

● The system is capable of aggregating data for a caregiver for a period of time and reporting that
information or interfacing with another system to transfer the information.

● The system can provide real-time alerts when hours scheduled exceed authorizations or when
unscheduled visits occur which exceed the authorization. The system will also allow members and
caregivers to track authorization utilization.

● The system can be configured to provide a variety of alerts to members, caregivers and centralized
county and state staff when significant events such as late or missed visits occur.
The system will support numerous interfaces including MMIS claiming transactions, provider and caregiver enrollment, and payroll information.

Our authorization and broadcast functions allow quick and easy assignment for difficult to place cases. Characteristics regarding language, special needs such as ability to operate a hoyer and other special conditions can be quickly and easily communicated to a single provider up to the entire network of providers. In this way, member needs are met quickly and efficiently and the member can be matched with the right caregiver.

For self (consumer) directed members, the most common way to maximize the member’s autonomy to manage their care is for the state or its agent to authorize a block of hours for the member’s care. Based on that authorization, the member can schedule their caregiver as they see fit. As the caregiver checks in and out, the authorization is checked for compliance. The member can be given access to the HHAX portal to monitor hours and invoicing. In addition, based on the documented hours, additional efficiency savings can be realized if HHAX systems are used to drive payroll functions for the caregiver – typically with a Financial Management Services (FMS) vendor.

e. Features that address the requirement that allows Providers to modify or “fix” information (i.e., if they forget to check in/out).

Within limitations and conditions set by the State, the system will allow providers to enter visit information manually. To facilitate this process, the State can create a list of acceptable reasons for manual entry and can also require that the consumer approve the visit and the manual entry.

f. Features that conform to the concept of being minimally burdensome.

CellTrak’s industry-leading mobile application is the most user-friendly and flexible solution on the market today. It’s feature-packed functionality makes it ideal for the consumer directed experience. The application supports GPS and/or Near-Field-Communications (NFC) to verify location, can track movement, handle multiple locations, has store & forward capability, can capture patient and caregiver signature and can capture notes and message to central staff to provide essential communication. The clock-in/clock-out process is exceptionally easy and intuitive and training can be completed in 30 minutes.

Special Populations

g. Features of the system that conform to the Americans with Disabilities Act (ADA) and address needs of special populations of Providers and Recipients, such as developmental disabilities and visual/hearing disabled.

We have designed our HHAX-CellTrak systems to be compatible with assistive technology and provide alternatives via web connectivity, Interactive Voice Response (IVR) applications, mobile application technology, or fixed device services.

We deliver our IVR services in English, Spanish, Russian and French Creole with the additional capacity to program for other languages as required (we currently support 10 languages). There is ongoing focus to ensure we design and test our updates and releases to confirm ongoing accessibility. HHAX takes all
recommendations and feedback on potential assistive updates seriously and works to maintain currency with technology changes.

CellTrak’s mobile EVV application is localized and can be automatically configured to the language of the user’s phone (supporting any language the phone supports).

h. Features of the system that address the needs of special populations that cannot be near electronic devices.

In most cases, a recipient with electrical hypersensitivity (EHS) can be isolated from the electronics usually employed as part of EVV. In the most extreme cases, paper timesheets could be employed and could be used to get the required signature. In addition, the caregiver or another individual could provide the recipient with information from the system to assist them with their oversight of hours utilization, time summaries, etc. In less extreme cases, some amount of the systems, such as the Fixed Object Devices which operate on a small battery and don’t emit a signal, might be able to be used to verify the caregiver’s location for the time the services were performed.

i. Features of the system that address the provision of EVV in rural areas where technology infrastructure may be limited or unavailable.

Rural and frontier areas can create unique challenges with technology solutions. To address these challenges, the HHAX-CellTrak solution utilizes multiple methods for electronic visit verification. The preferred method is to use the CellTrak mobile application on a cell phone or tablet. This application is especially efficient for clock-in/out, uses GPS location (which does not require cell connectivity), can collect the member/caregiver signatures and includes a unique Store & Forward features which allows the capture of all visit information at the point of care when there is no cell coverage and then allows transmission of the information at a later time when connectivity is restored. In addition, the EVV system supports the use of a landline with IVR/ANI technology or the caregiver can use a Near-Field-Communication enabled device or a FOB to gather the time and location information.

Additional Features

j. Additional features the system offers outside of EVV.

Founded in 2008, HHAeXchange provides. Our company’s services assist payers in communicating and interacting with members, caregivers, and providers in a unique and specialized manner in order to achieve optimal home care compliance and improved financial performance.
In our experience, most payers and centralized county and state staff are disconnected from real-time communication with the network of members and caregivers and therefore are unable to intervene timely during the delivery of services to prevent adverse patient outcomes. Additionally, centralized staff are often unable to achieve high levels of compliance and workflow efficiency in connection with managing diverse home care populations. The complexity and magnitude of the information requirements involved in home care service delivery are significant.

HHAeXchange dynamically and uniquely connects centralized staff with the network of members and caregivers using a proprietary “shared software platform” not otherwise available in the market today. In addition to real-time communication between the parties, our system delivers a unique caregiver and service provider credentialing and compliance capability as well as an auto broadcasting capability to aid in the efficient and proper placement of home care cases across the network.

**Unique Services Offered**

Because of the unique and proprietary nature of the services available through the combined HHAX-CellTrak platform and systems, we believe that no other software, services, or information technology vendor can provide the full complement of solutions we deliver.

HHAeXchange is not merely a technology company; nor is HHAeXchange simply a home care workflow automation company. Rather, HHAeXchange is a home care performance improvement organization that achieves high levels of financial, operational, and clinical improvement results. The delivery of HHAeXchange services provides a level of compliance and patient intervention management that is otherwise not possible to achieve.

HHAeXchange not only creates an infrastructure to ensure home care compliance but also explains the methods and procedures we implement and use during the course of our projects. As a result, HHAeXchange provides clients with reports identifying problems to address and offering recommendations to correct otherwise uncovered compliance deficiencies. We furnish our clients with online “drill-down” of provider performance reporting.

CellTrak provides an industry-leading mobile applications packed with features and functionality that no other vendor can equal. The application supports GPS and/or Near-Field-Communications (NFC) to verify location, can track movement, multiple locations, has store & forward capability, can capture patient and caregiver signature and can capture notes and message to central staff to provide essential communication.

Utilizing this information, OSI/HHSA would have real time visibility on encounter information including EVV data:

- Only pay what is valid rather than paying and attempt to recoup later
- Access to real time EVV Exceptions
- Access to real time conflict reporting
Can rely on HHAX rule based engine for clean claims

What this means is that OSI/HHSA can move from a reactive to proactive monitoring stance, further helping to reduce fraud and abuse and increase proactive monitoring of the provision of care. In this model, caregivers understand there is real-time oversight and are typically much more careful when submitting time.

Thus, the HHAX-CellTrak team offers a non-replicable combination of services:

We identify home care compliance problems before they occur.
We deliver proprietary functionality, including:

- Auto broadcasting of home care cases when placement is necessary.
- Real time communication between central staff and caregivers to eliminate email, fax, phone calls and texting
- Comprehensive caregiver compliance database (and restriction feature) to ensure home care services are being delivered and billed for by compliant staff
- Shared software platform to view visit verification, patient and caregiver schedules, authorizations, and plans of care.
- Configurable platform so client can accommodate environment specific compliance requirements in advance of claims submission, thereby preventing compliance issues before they occur.

HHAX prevents non-compliant payments (which would otherwise be paid) for its clients; and maintains documentation of our services, methods, and procedures in order to provide a comprehensive audit trail supporting all of the timesheets and claims that are submitted.

In the course of completing the tasks described above, the HHAX-CellTrak team uniquely functions as a software organization, auditor, analyst, EDI vendor, systems and procedures analyst, and general workflow enhancement consultant. To our knowledge, no other organization offers a like combination of services.

Components of HHAeXchange’s Services Process

The HHAX process can be broken down into seven (7) discrete steps:

- **Compliant Implementation.** First, HHAX will thoroughly review all of the State’s compliance requirements and configure the shared platform.

- **Auto Broadcast Referral and Acceptance (Proprietary and Unique).** Upon implementation and initial use of the service, where necessary, central staff will have the ability to place (“offer”) a home care case on the HHAX shared platform and all caregivers/providers who maintain the unique qualifications to meet the needs of the patient will have the option to accept the case. This unique and proprietary auto broadcasting / referral functionality is configurable with the ability to define custom tiers of caregivers/providers and timeframes allowable for acceptance of cases.
  - This feature significantly reduces the amount of time required of a caseworker to place a patient that has not selected a caregiver and accelerates the timely assignment of the case for the benefit of the patient, thus allowing the case manager to either handle more cases or provide more attention to critical cases.
● **Real Time Communication and Alerts (Proprietary and Unique).** Caregivers and providers can communicate real-time in a common platform with central state/county staff regarding the specific needs of the patient and any other actions that are necessary. Real-time communication with eliminates the cumbersome and inefficient traditional methods of communication (phone/fax/text/email) and creates a historical record of all communication activity for at least 7 years or as required by a specific client agreement. When we identify non-compliant activity, the system submits real-time alerts to both the caregiver and central staff (configurable) so that corrective action can immediately occur.

● **Electronic Visit and Plan of Care Compliance Activities.** During the days, weeks, months, and even years that the home care services are delivered, HHAX provides caregivers with multiple methods (Phone/FOB/Mobile Application) of electronically recording the duration of service visits as well as the specific duties/services performed while in the home. Electronic collection of these service time durations and duties performed ensures that claims are only produced for the actual service time delivered in the home. The service will also ensure that claims are only produced if they are within the Authorization and all other pre-requisite services have been provided (i.e., nursing assessment, etc.).

● **Caregiver Compliance – Credentialing and Restricting (Proprietary and Unique).** Throughout the entire process of home care service delivery, HHAX continually checks the compliance status of each individual caregiver on the specific day the service is delivered. To the extent certain orientation assessment, education, medical, or other plan or state specific requirements are not met, HHAX can restrict future claims for that specific caregiver. Unique to HHAX, these compliance checks happen prior to the submission of the claim (hence no issue of paying non-compliant claims). 100% of the claims have to pass these compliance edits based on the discretion of the State.

● **Pre-billing Claims Engine (Proprietary and Unique).** HHAX incorporates a pre-claim edit called the ‘HHA Exchange Prebilling’ module. This module works as a real-time, rules based engine configured based on the unique rules of the payer program. HHAX will not allow a caregiver to submit a claim that does not pass all of the pre-bill edits. Not only does this prevent the caregiver from submitting claims that are not 100% compliant, it also assists the caregiver (and potentially the member) by providing real time information on the non-compliant status of the service.

● **Network Performance Reports / Business Analytics (Proprietary and Unique).** As part of this comprehensive service, HHAX will provide access to our reporting utility and real-time analytic dashboard, the HHA Analysis and Reporting, Tool (HART). HART enables members, caregivers and central county/state staff to monitor the activity and compliance aspects of the entire home care network on a claim by claim, patient by patient, caregiver by caregiver, and/or system-wide basis with drill down capabilities on a variety of levels:
  - Caregiver Summaries
  - Compliance Detail and Summaries
  - Exception Statistics
  - Referral Management Acceptance Statistics
  - Claim Submission Detail and Summaries
  - Caregiver Details and Restriction Information
  - Admission Statistics
HHAX systems use a distributed architecture for efficient load balancing and scalability. The web applications are configured on a cluster of web servers running behind a hardware load balancer. Additional web servers can be added to the web farm very quickly to handle any increase in the workload. The web servers are running with below 50% resource usage, which ensures that any unexpected failure of one or two web servers does not affect the application performance and availability.

HHAX builds our systems on top of Microsoft® enterprise stack using a distributed architecture that is highly scalable and extensible. We use the latest versions of Microsoft development tools, and our system is certified to run on Microsoft browsers. Together HHAX-CellTrak support more than 500,000 consumers being cared for by over 250,000 daily care providers with more than 160,000,000 electronic visit verification (EVV) visits each year. We process in excess of $4.2 billion in claims each year and manage data through two Tier 1 data centers that have received SOC 2 Type II audits from the American Institute of Certified Public Accountants.

A Microsoft SQL Server® database management system is used to process and store the application data. Databases are configured as high-availability groups using HADR technology, which synchronizes the data across multiple servers, across multiple data centers. Use of this technology results in a distributed database environment where the workload is shared across multiple database servers and additional mirror database servers can be setup to handle any increase in the workload. As we near capacity in any system area, we expand that area to ensure we never reach absolute capacity.

HHAeXchange systems use message queuing technologies such as Microsoft Messaging Queue, SQL Server Service Broker, and KAFKA for asynchronous distributed processing, which helps us to achieve the desired level of scalability and performance in the core business logic processing.

We operate two data centers: one in New York and one in Chicago. We perform daily backup via secure data links between centers to ensure data integrity.

Our data center hardware features fully scalable rack mounted processors, hot-swap hard drives, and co-location with carrier services to allow for fast bandwidth expansion without affecting underlying architecture.

Contingency Plans

HHAX has a Disaster Recovery Plan that complies with federal guidelines (45 CFR 94.62[f]), identifying every resource that requires backup and to what extent backup is required. The Disaster Recovery Plan is
robust and includes multiple back-ups each day in the event of a system failure. This includes offsite electronic and physical storage in the United States.

We perform full backups on a daily basis and differential backups every four hours. We perform transactional backups every five minutes. Once we verify the health of the backup, we maintain three copies of the backups locally on the network access service and in an external cloud backup store. We retain our backup archive for seven years.

All network/hardware equipment is setup in pairs of two and configured in an active/passive mode. If the active equipment fails, an automatic failover to the passive equipment will occur.

We configure all network equipment, including routers/firewalls, switches, load balancers, Internet, and power connections, to recover automatically in case of a failure of the primary equipment. In such an event, the passive node is automatically promoted to the active role, and the recovery occurs transparently to users.

The HHAX application runs on multiple web servers configured behind a hardware load balancer. Each server runs with below 50% resource usage. In case of a failure of a web server, the other servers in the web farm have sufficient spare resources to handle the additional workload, and the application usage is not disturbed. The whole process is automatic, and no manual intervention is required to perform the recovery.

We mirror all active database servers to a passive stand-by server, and in the event of a failure of the primary server, we can promote the stand-by node to an active role within a matter of a few seconds. This process involves executing an SQL statement to switch the role and a DNS entry change to redirect the application to the new primary server.

The possibility of a situation requiring a recovery using a full backup is very unlikely, considering that we mirror the primary databases to three stand-by servers, resulting in four real-time copies of the primary data available at any point in time—two that reside within the same data center and two that reside in an external data center.

If required, we can perform a full recovery from the backups. This involves restoring the most recent full backup, followed by the restoration-appropriate differential back-ups based on the “point in time” to be used for the recovery. Then, we can restore the transaction log backups to a specific point in time. We estimate the maximum expected data loss in such a case to be less than five minutes. We take transaction log backups every five minutes.

The HHAX application runs out of its own private cloud, and our HHAX engineering staff manages all equipment, data, and applications. HHAX currently has two data centers: the primary data center in New York, NY, and a secondary data center in Chicago, IL. In case of a failure of the primary data center, the application can continue to work from the secondary data center. Only the HHAX Engineering team needs to be involved in the recovery process.

All the network equipment and servers are set up with the required level of redundancy in the secondary data center, and they are ready to switch to the primary role at any point in time. Bringing the secondary data center online requires only a DNS entry, which redirects all the application traffic to the secondary data center. The HHAX Network/Infrastructure team will handle this quickly.
The secondary data center has a passive web farm that has the latest version of the applications installed and configured at any point in time. Every time we deploy a change/release in the primary data center, we update all the web servers in the secondary data center as well. This ensures that all the web servers in the secondary data center are ready to serve application requests at any point in time. When the Infrastructure team redirects web traffic to the secondary data center, the web servers automatically switch to the active role and begin serving user requests.

In the event of a failover to the secondary data center, the DBA team will execute an SQL batch query to promote one of the mirror servers to be the primary server.

All secondary (non-critical) databases are log shipped to the secondary data center every five minutes. We restore a transaction log backup in the secondary data center every five minutes, and the databases will be current with an acceptable tolerance window of five minutes. In the event of a failover to the secondary data center, the HHAX DBA team will execute an SQL batch statement that will stop the log shipping and bring the databases online to serve user requests.

In the event of HHAX hardware failure, our disaster recovery plan provides for the following procedures:

**Application server failures.** The HHAX application runs from several web servers configured behind a hardware load balancer. All servers are running at below 50% capacity utilization. If one or even several application servers fail during business hours, other online servers have spare capacity available to handle the extra load.

**Database server failures.** We configure all database servers as a pair of two physical servers (one acting as primary and the other acting as stand by). We mirror data between the primary and stand-by servers with millisecond latency. If a primary server fails, the stand-by server takes over the role, and the application will continue to work without any disruption.

**All network equipment.** We back up routers, switches, load balancers etc., by stand-by equipment, which automatically takes over in the event of a failure of the primary equipment.

**Primary application data.** We mirror primary application data to a secondary data center as an external Disaster Recovery Setup. In the event of a catastrophic failure of the primary data center, the most critical sets of operational data are readily available in the secondary location, normally within a few minutes but always within the four-hour window stated in our Service Level Agreement.

HHAX configures our applications and operating system software libraries as a web farm, which includes several web servers configured behind a hardware load balancer. This configuration allows us to add/remove web servers without disturbing the application usage. When we remove a server, the remaining servers will share the additional workload. When we add servers, the workload is equally distributed among all the available web servers.

If a web server fails (OS corruption or application failure), the Engineering team will remove that web server from the load balancer. This does not affect the application usage. The remaining web servers in the web farm will transparently absorb and distribute the additional workload.

We can quickly rebuild a web server once removed from the web farm. The Infrastructure team uses Windows Deployment Service (WDS), which performs an operating system (OS) restore quickly. After
restoring the OS, the Engineering team can deploy the applications directly from the source control system. After the server rebuild, we add it back to the load balancer so that the workload is automatically distributed again. This is an automated process that requires minimal manual intervention.

HHAX-CellTrak’s EVV system is set up with a highly scalable and fault tolerant configuration. It runs from over a hundred physical servers acting together as a cluster. Failure of one or even several servers does not affect the EVV workload, our IVR EVV system automatically routes calls to the next available server.

Additionally, HHAeXchange maintains a secondary data center with sufficient telephony capacity to handle the call traffic in case of a failure in the primary data center.

**Flexibility**

Flexibility of the system to implement changes and how quickly changes can be made. Describe how the system has built in flexibility such as the ability to meet business needs or make changes through simple configuration set up and/or configuration changes.

**Allowing for Multiple Groups or Lists**

In the HHAeXchange system, each program can have its own group of service task activities that can be billed and/or recorded based on program needs and rules. Service task codes can be used to gather a wide variety of information, including:

- Personal care services
- Advanced/high-tech personal care
- Respite care
- Homemaker chores
- Vital signs
- Medication management
- Other categories, as desired—almost any objective measure can be collected
- The system offers both one-way and interactive voice response services

With one-way interactive voice response (IVR), the provider simply responds to IVR prompts, and upon receipt of the requested data, the IVR system moves on to the next question.

With interactive IVR, the provider responds to the IVR prompt, and based on the answer received, the IVR system can use branching logic to follow up the answer received with a new question based on that answer. This allows caregivers to record such things as vital signs, expenses, travel time, and mileage.

HHAeXchange systems currently support a wide variety of programs for state regulatory authorities and managed care programs in several states. All of these programs feature a vast array of differing policies and procedures, reimbursement rates, and business rules, all of which are subject to change during contract periods. We pride ourselves on our ability to adjust to meet local regulatory requirements.

Each program is set up in HHAeXchange to work with its own set of service tasks based on that program’s specific needs and rules. Service tasks can be associated with specific provider types and further restrictions can be made to limit service tasks to those reflected in the member’s Plan of Care.
Service tasks in HHAeXchange can record (a) services delivered; (b) services refused, and; (c) services forgotten or omitted. Additionally, service tasks can be added to visits from paper timesheets through direct manual data entry. This function can be restricted to only authorized personnel, and all changes to the visit records are tracked for audit purposes.

In addition to service task customization, by allowing for multiple programs it allow recipients to be linked to multiple programs, potentially with a different caregiver for each and; conversely, it allows caregivers to be linked to multiple programs and multiple recipients.

**Loading Pay Rates**

- In the HHAX Enterprise system, OSI/HHSA. The counties or their designees can load various rates of pay for individual caregivers. We can assign individual caregivers to one of four tiers of pay rates:
  - **Default pay rates.** These rates apply when no other rates are entered for the individual caregivers. Default pay rates can be set by “service code” (type of service being delivered) for each separate program.
  - **Worker-specific pay rates.** These pay rates supersede default pay rates when entered for a specific direct service worker.
  - **Recipient-specific pay rates.** Often, when recipients live in hard to go to locations or maintain substandard household conditions, caregivers are resistant to servicing the recipient and must be paid a differential for that one case. When recipient-specific rates are entered, they will supersede the worker-specific pay rate.
  - **Negotiated pay rate.** When a caregiver falls ill at the last moment or quits working for a member, the state/county may have to offer a one-time pay rate to coax other direct service workers to cover the case until a suitable replacement can be found. Negotiated pay rates apply to only a single visit and supersede all other listed rates.

**Bypassing Entry of a Worker Schedule**

In programs that do not involve scheduling which is common for consumer-directed programs, the system allows valid Clock-Ins and Clock-Outs to be automatically received and assembled to create new visit records in the system. Our Enterprise system also provides a strong scheduling engine with advanced capabilities for cases where scheduling is desired.

**Automatically Creating Visits**

When visits are *auto-created* from clock-ins/clock-outs, a series of internal auditors or validation filters audit the visit for validity. Auto-created visit requirements include:

- A valid caregiver’s personal identification number (PIN)
- The calls must have originated from a valid recipient’s telephone number or Global Positioning System (GPS) location
- There must be a Clock-in and a Clock Out, both from the same recipient’s telephone or GPS location
- The visit must fall within a valid authorization period
- The visit must fall within authorized hours

When automatically created from calls, visits appear on the calendar of the recipient, color coded as to its status as shown in Exhibit V

<table>
<thead>
<tr>
<th>Color Coding</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>The program requires an authorization and the visit matches the recipient’s authorization.</td>
</tr>
<tr>
<td>Pink</td>
<td>The program requires an authorization and the visit does NOT match the recipient’s authorization.</td>
</tr>
<tr>
<td>White</td>
<td>The visit does not require an authorization.</td>
</tr>
</tbody>
</table>

Automatically created visits must match a recipient’s authorization or they will not undergo processing for billing.

**Handling Procedure Codes, Modifiers, and Alerts**

Each program in HHAX includes its own billing rate chart that includes multiple procedure codes, modifiers, and rates:

- Rates are set by procedure code (Service Code), which describes specific types of services that can be delivered within a program.
- Service Codes are associated with specific disciplines and individual contracts.
- Billing rate types can be by the hour, visit, unit, or day.
- Service Codes can have their own Revenue Code, Export Code, and Healthcare Common Procedure Coding System Code.

We can limit each Service Code to allow or not allow shift overlap.

**Enforcing Multiple Service Limits**

HHAX includes a powerful, multilevel authorization model that allows users to set up tiered authorizations with multiple business rules and limitations to enforce multiple service limits for different service ranges. This allows agencies to track authorizations by all of the following, simultaneously:

- Custom authorization periods by program; any period can be set
- Daily limit of service hours or units
- Weekly limit of service hours or units
- Monthly limit of service hours or units
- Annual limit of service hours or units
Upon reaching an authorization limit, subsequent visits and hours do not undergo billing and payroll processes until adjudication by the providing agency.

**Limiting Modifications**

HHAeXchange limits providers’ authority by security rights issued to them. This includes limiting the ability of providers to perform the following tasks:

- Modify service information
- Create program rules as to how many modifications can be made by providers; this can be set by the state based on the population or service/program
- The state or regulatory authority can establish the limits for providers with respect to the number of modifications that can be made to EVVM Records

The HHAeXchange system offers a wide variety of real-time data and dashboards as well as retrospective reporting capabilities. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms from the data collected during service delivery.

Our reporting strategy offers the following key benefits:

- We can schedule reports to generate automatically at scheduled dates/times.
- Our powerful report builder allows designated users to build reports and custom data extracts from almost any data field. Data is available for data modeling, benchmarking, and tracking of quality indicators.
- The Electronic Visit Verification and Monitoring solution provides a standard suite of reports to Medicaid, support-coordination agencies, provider agencies, and managed care organizations.
- HHAeXchange permits the use of data elements to query and generate ad hoc reports. We describe in this section our methodology for generating ad hoc reports and include a sample listing of reports as evidence of the capability of the function.
- Most reports can undergo export in a variety of formats, including XML, HTML, CSV, XLS, PDF, and RTF.

Reports can also be as follows:

- Generated on demand by authorized users at Medicaid, other state agencies, Area Agencies on Aging, and provider agencies
- Set to generate and communicate automatically using HHAeXchange’s ConeXus platform—attachment of workflows to automated reports can send them to the dashboards of desired persons at Medicaid, other state agencies, Area Agencies on Aging, and provider agencies
- Generated to an archive website for retrieval by authorized users at Medicaid, other state agencies, Area Agencies on Aging, and provider agencies
HHAeXchange Report Builder

HHAeXchange includes a comprehensive Report Builder that the Agency can use to build reports it desires from the SQL data tables. To assist our customers in using the Report Builder we have included dozens of predefined report templates that can be used as is or modified.

Business Analytics

HHAeXchange provides a cutting-edge business analytics suite using Sisense. Sisense enables us to very efficiently process complex data using elastic cube technology and distill the data into powerful, easily understood dashboards for our customers. We can provide a customized set of graphical dashboards, complete with drilldown capability, based on California’s unique requirements. The system also supports the ability for system users to produce their own report.

We provide in Exhibit VI an example of a high-level dashboard using the Sisense business analytics tool.

Exhibit VI ▶ High-Level Dashboard Reporting Functionality Using Sisense

Direct-Care Service Worker Reporting

HHAeXchange provides complete direct-care service worker reporting for state and local agencies, payers, provider agencies, and the caregivers and members.

Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports on direct-care service workers. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

HHAeXchange includes hundreds of reports for caregiver reporting. Due to the extensive number of predefined reports in the system, we sort reports by subject area.
0. **Typical account set up time and check in/out time for Providers and Recipients.**

Recipients are typically initialized via period updates through interfaces with the state’s enrollment system. The sophistication of the information passed in that interface, such as individual program enrollments and acceptable service types would factor into the additional time that would be required to complete the member’s set-up time.

Similarly, depending on the states caregiver enrollment practices, much of the initial set up for a caregiver could be accomplished via an interface with the state’s provider enrollment system. For obvious efficiency reasons, we would attempt to maximize the amount of information available through the interfaces and minimize the amount of time for the final configuration to complete patient-caregiver relationship information. Properly optimized, this task could be completed in a matter of minutes.

3. **Describe if/how the system groups or categorizes tasks to simplify system operation, tracking, Provider and Recipient use, etc.**

The system is very flexible in this regard and uses a variety of data to streamline the interaction of the caregivers and members with the system. Different programs can have their overall tasks limited to certain tasks, roles can further limit tasks and a member’s individualized plan of care can further limit the tasks which are presented in the mobile app or through the IVR system.

4. **Describe the system’s capability to interface with other systems, for eligibility, timekeeping, payroll or data collection purposes.**

**Interfacing with Other Systems**

HHAX provides a standard interface process to upload data from existing provider back office systems. We have agreements for interfaces with several of the typical systems used, making it possible to be the single source of truth for the payer, while allowing the provider to continue to use key functions of their existing systems where it makes sense. We upload identified data (based on state requirements) in a defined, cadenced process to ensure data in the consolidated system is as current as possible.

In addition, most states use vendor support for their MMIS systems. HHAXexchange provides standard interfaces to MMIS systems for 837 submissions, as well as other key files for enrollment of members and providers/caregivers. We can also develop custom interfaces where needed. We configure the monitoring of all interface traffic when the files are set up and we complete comprehensive testing. If we do not receive a file as expected, we will have alerts configured in the system to notify support technicians to follow up.

HHAX embraces the need for inter-system connectivity to provide the most cost-efficient overall systems to accomplish our clients’ goals.
5. Describe your experience with implementing EVV systems including high-level timelines for implementation and training for all user populations. Describe implementation challenges and lessons-learned. Describe how to overcome implementation challenges. Distinguish implementation(s) for government entities versus private entities. If implemented for state entities, please identify which states and provide contact information.

Implementation Process

At the onset of an engagement, HHAX will work with OSI/HHSA to understand OSI/HHSA’s priorities, preferences, contingencies and any other considerations that would affect the strategy for developing a rollout plan. Absent that step, but in an effort to give insight into how an implementation plan might be put together, we have put together a high-level description of our approach to implementation.

Our objectives for implementation are as follows:

- Roll out EVV state-wide for Personal care to achieve Cures Act compliance as soon as possible
- Optimize schedule to implement core EVV compliance as early as possible
- Design and implement a comprehensive stakeholder management strategy
- Integrate seamlessly with California’s CMIPS and HP Enterprise Services MMIS as necessary and as early as possible in the schedule.
- Work collaboratively as a team with OSI/HHSA and other stakeholders to ensure all business requirements are met
- Ensure providers can use any qualified EVV system (if others are allowed) to comply with EVV requirements
- Maximize integration with the State’s and any other systems to ensure seamless authorization and billing processes and offer comprehensive performance and compliance oversight and monitoring.

Sample Project Timeline

HHAeXchange would almost certainly propose a deployment of its systems in phases, including a geographical/regional rollout (which can easily be modified). These phases are designed to begin implementing value as soon as possible in the schedule. Phase segments would include:

a. implementation and planning
b. stakeholder management
c. discovery/system design
d. State IT Integration
e. 3rd Party Vendor Integration (if applicable)
f. Integration Testing/QA
g. Prep for training and Deployment
h. State staff training
i. Regional EVV deployment and associated training
a. Care provider training of EVV is less than 30 minutes and can be accomplished via web, mobile video, live training and self service learning management systems.
j. Authorization deployment
Planning, Stakeholder Management & System Design

Our project begins with implementation planning with the OSI/HHSA. We communicate effectively all key decisions to the internal project stakeholders to ensure proper input and feedback from all key personnel assigned to the project. We will provide the projected project timeline and task schedule and gain insight and consensus from the OSI/HHSA. During planning, we will implement project management strategies to ensure efficient project communication and project schedule management.

A few key planning tasks are:

- Establish project roles including the project sponsor, project manager, governance committee, technical lead and provider outreach lead
- Review best practices and lessons learned from other States to ensure success
- Approve project timeline and schedule and ensure proper resourcing to meet milestones

We also know that the 21st Century Cures act requires States to “take into account a stakeholder process that includes input from beneficiaries, family caregivers, individuals who furnish personal care services or home health care services, and other stakeholders, as determined by the State in accordance with guidance from the Secretary…”

We are committed to helping the State to develop a comprehensive stakeholder engagement plan that is Cures Act compliant and builds consensus early in the project timeline. Making sure that members and caregivers can smoothly adjust to the new implementation is essential for the success of the project. HHAX is committed to providing member/caregiver support throughout the project with a cohesive plan. We also engage the members and caregivers early with a survey to understand their current use of EVV systems and assure them that they can continue to use these systems in the future.

Outreach and IT Integration

Another key to success for our OSI/HHSA implementation is building a strong foundation from both a provider outreach and an IT integration standpoint. During the second phase of implementation, we focus on provider outreach and IT integration which are the foundational building blocks of the implementation’s success.

We understand the need for provider acceptance of the EVV requirements and have proven techniques to ensure that providers have high solution adoption rates. We build our outreach plan in conjunction with the knowledgeable OSI/HHSA staff members who have specialized history in communication, training and change management with California providers.

Integration Testing & Deployment Readiness

During the third phase of our project, HHAX puts our foundational plan documents into action to ensure that our integrations and training will operate smoothly in a live environment.

During this phase, we will select four providers to do “First Four” production testing where we bring our system to life for four providers to ensure the system is operating as planned. This allows both HHAX and
the State to respond to any unanticipated outcomes in a production environment and to gain valuable feedback from the initial providers.

Our IT integration is backed by testing plans for each file to ensure proper Quality Assurance procedures are in place to validate that all integration tasks were completed successfully. At this stage of the project, we are validating EVV files from all third party EVV vendors identified in the State. This allows us to have connections “at the ready” for each provider that chooses to integrate their current EVV system and ensure the EVV vendors can collect and transfer all required data fields. HHAX is a strong proponent of “Open Systems” and are committed to working with each EVV vendor that is currently collecting data for California providers in an open, efficient data exchange.

We consider training for all HHAX system users to be a crucial aspect of our approach. During this phase, we strategically map out the timing and delivery of regional onsite and webinar training events and the corresponding written and web-based materials to accompany initial training and ongoing education support for providers. We also develop the plan and deliver training for OSI/HHSA Staff.

**EVV Deployment and System Monitoring**

In this next phase, the “rubber meets the road”. The joint team from HHAX-CellTrak and OSI/HHSA is now ready to implement EVV with providers across the State. HHAX-CellTrak is confident that the project plan to this point will have well-prepared the team to move forward, due to our experience with deploying to a decentralized workforce that is consumer and agency directed and unionized.

HHAX-CellTrak will deploy EVV to all providers over a defined period. The rollout and associated training will proceed by defined regions, each with a specified rollout period. The focus of this phase is ensuring that providers transition seamlessly to using time-stamped visits that are used to bill the State and counties.

As providers begin using their provider portals to confirm their visits with EVV technology, the joint team begins monitoring all aspects of the system. Crucial phase considerations are that recipient member demographics are delivered to the portal, the EVV technology is being properly used and initial claims are submitted for payment through the provider portals. HHAX and OSI/HHSA will monitor the claims submission process to ensure providers are being paid in a correct and timely manner. Our Business Intelligence tools will allow the team to monitor providers closely in an effective and efficient manner and identify potential issues immediately.

At the end of this phase, the state will be compliant with the EVV mandate of the 21st Century Cures Act, will be able to monitor EVV compliance by the providers and will be enjoying the benefits of pre-claim checks that reconcile claims with the service information confirmed through the EVV process. The CMIPS and/or counties will receive all FFS claims via HHAX rather than from individual providers.

**Ongoing Support**

Our project does not end after a successful implementation. In the first 90 days of Go Live for each region, implementation staff continue to work on the project ensuring a smooth transition to our expansive ongoing
Response to California RFI # 32236
Case Management, Information and Payrolling System (CMIPS)
Electronic Visit Verification (EVV) Visit Verification System

support. This ensures that those closest to the project are on hand to evaluate service requests and evaluate the need for additional training. It also allows us to quickly apply lessons learned from the first regional deployment to those leading the other regional deployments to ensure any needed adjustments are made.

Authorization Management Deployment

In this last phase, if desired, integrated authorization management for the state, county or designated case management staff is added. As recipients are on-boarded and linked with providers, the authorization can then be seamlessly linked to the case to ensure that the caregiver is able to schedule based on, and limited by, the authorization.

This phase introduces even greater efficiencies, allowing delivery of the authorization at the time of case placement with an immediate ability for the member and caregiver to schedule based on and/or within the authorization. This eliminates key-entry of the authorizations and ensures that services are scheduled within the limits of the authorization.

This stage also establishes a “single source of truth” for the authorization and, in conjunction with the two-way communication, ensures that authorization changes and other issues can be resolved quickly, with no ambiguity and with a complete audit trail of the communications and changes.

In this stage, the ability of central program staff is drastically increased. Staff can monitor for authorization utilization, speed of authorization acceptance, visit compliance and overall utilization levels. In addition, all parties benefit from a drastic reduction in claim denials, avoiding the attendant overhead related to problem resolution. Members and caregivers benefit from increased efficiency in scheduling and automatic compliance with authorization, early warning of exceptions and overall efficiencies and satisfaction from a streamlined process supported by enhanced communication.

Training, Education and Outreach

Our team will provide a detailed training plan for both initial training and ongoing training. Our team will prepare written communication, participate in stakeholder meetings, and provide web-based outreach and training materials for users of the system. We have extensive experience in providing process-focused user training on behalf of regulatory programs. We will not develop or distribute any materials without prior approval from the State. Depending on the jointly developed strategies that are agreed upon as part of the training and communication plans, a number of different strategies may be employed to communicate project plans, milestones and training. These activities may include:

- Regional hosted events
- Live Webinars
- A training environment that can include interactive learning sessions, documentation, videos and FAQs
- Written communications which can include presentations, introductory training materials, letter, manuals and other user guides
Deploying and Delivering Successful Projects

Key elements of our ability to deploy and deliver successful projects similar to those proposed for OSI/HHSA include the following:

- Joint project kickoff session to ensure collaborative planning and preparation for the project and evaluate configuration requirements for the solution.
- Top-down early review to assess the tools, resources, integration, and data needed to support the implementation project.
- Deployment of the optimal organizational structure to meet the project’s unique requirements.
- Adherence to our best practices and protocols tailored to our clients’ needs and customized as necessary to deliver the innovative concepts described in our proposal.
- Provision of information via both formal and informal meetings that include project management team members, business and community leaders, information technology (IT) experts, and subject matter experts assigned to the project. Standardized project management tools ensure that we provide clear, concise, and timely information to all stakeholders.
- Structured supervision and management in accordance with our PMM project management methodology:
  - Many of our team’s project management leaders have Project Management Professional (PMP) certification;
  - All of our project managers have years of experience in the health management field.
- Comprehensive Communication Plan to ensure understanding between state staff, managed care organizations, providers, and individuals served. This includes timelines appropriate to each audience, expectations, and deliverables.

The combination of each of these factors provides a strong foundation for consistently achieving superior project results for our clients.

Communications Management

We are committed to communicating regularly with OSI/HHSA regarding quality and performance, working in partnership to gather feedback, and providing creative, cost-effective ideas to improve quality and service.
The HHAX-CellTrak team will establish a Communication Plan and conduct regularly scheduled project phase-gate reviews with Agency stakeholders to provide information on completed project tasks, tasks in process, and tasks that have encountered unanticipated problems requiring attention. As part of the project Initiation and Implementation phases, we will coordinate Data Intake, Phase Gate, Data Analysis, and Review meetings with designated OSI/HHSA personnel to present specific project elements that warrant review, discussion, and refinement.

As operations begin, and continually throughout the contract period, we will provide specific reports that include information such as reference report types specific to the client’s project prevention, detection, and investigation as well as tracking our progress. In addition, we will produce monthly project-specific Status Reports that include updates regarding ongoing operations and new initiatives.

As we generate results and deliverables, we will perform quality reviews and assemble benchmark summary data for use in performing trend analysis. Initial process results will undergo analysis to ensure that our tools and methodologies support OSI/HHSA’s contract goals.

**Communication Methods**

The cornerstone of our effective relationship for this engagement will be the mutual agreement of HHAeXchange and OSI/HHSA that we have developed and implemented a fully functional solution to achieve the goals of the EVVM project and, consequently, delivered high-quality, actionable results for OSI/HHSA and your members.

To ensure the success of our work on OSI/HHSA’s behalf, we will use a variety of communication methods to relay our results, discuss potential challenges and solutions, and present other topics of importance to the Agency and any appropriate stakeholders.

Through both formal and informal meetings held in person at OSI/HHSA offices, at our offices, or via teleconference, we will ensure that we meet project timelines, produce deliverables of high quality and the greatest value to the OSI/HHSA, address any potential issues or challenges, and resolve issues to our mutual satisfaction. We will discuss with OSI/HHSA how often these meetings need to occur at OSI/HHSA offices. The types of meetings that we foresee being of the greatest value to OSI/HHSA include:

- **Start-up process and Kickoff meeting.** We undertake a thorough start-up process, which includes a Pre-Kickoff meeting, a requirements-gathering process, and identification of project communications, reporting, and project management activities. Key project start-up tasks include the following:

  - Award and Sign contract
  - Prepare and schedule the Pre-Kickoff meeting and actively participate in the formal Kickoff meeting
  - Create and publish the project charter
  - Create and publish the Communication and Risk-Management Plans
Conduct the Data Pre-Kickoff meeting and, later, a formal Data Kickoff meeting
Update and publish the project schedule
Establish the date and time for weekly Project Status calls
Establish schedules for executive status reporting and phase-gate reviews

- **Implementation phase meetings.** During the Implementation phase, we strongly recommend that key Project team members and OSI/HHSA personnel meet at least once per week to discuss the project’s progress and confirm adherence to the project’s schedule requirements.

- **Ongoing Project Status meetings.** Upon OSI/HHSA agreement that the Implementation phase is complete and ongoing operations can begin, we will continue to meet with the Agency personnel as requested to review results and discuss any necessary refinements throughout operational execution of the program deliverables.

To facilitate the meetings that are conducted, we approach each meeting in a very structured manner and will typically employ a number of approaches to maximize each meeting’s effectiveness:

- Meeting agendas and minutes
- Phase-gate reviews
- Report
- Formal presentations

### Implementation and Management Challenges

The main implementation and management challenge is handling the change management as members and caregivers learn to utilize the new systems. However, once they are accustomed to utilizing the systems, they articulate the savings and ease with which the new system supports their efforts.

Adequate communication and training, and ongoing availability of support staff to provide answers, additional training, and general encouragement have shown to minimize these challenges. We help to reduce resistance to change by focusing on policy communication, clear expectation setting, and simplified processes.

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6. **Describe how to overcome implementation challenges inherent to California such as the change management for a large and vulnerable population. Describe mitigation strategies that could be used to address challenges.**

The largest challenge with the implementation and on-going operations is the number of members and caregivers that will be actively using the system and the need to provide initial and on-going training for turnover and system evolution.

It is critical that we work out effective strategies to communicate with the full (and evolving) population of members, member proxies and families and caregivers. Our suggestion would be to on-board the full community of stakeholders to our training environment as early in the process as possible. As part of that process, profile information to identify and distinguish members, caregivers, programs, location and other pertinent information would assist with targeting future communications.
Completion of this on-boarding process will provide the springboard for on-going project communication and the ability to provide a rich inventory of project information and training materials for all stakeholders in a meaningful and organized manner.

The investment in pre-implementation on-boarding would also transition and become the basis for moving to the live implementation without the need to repeat the on-boarding process.

Customer Satisfaction Strategies

7. Discuss strategies you have employed to garner customer satisfaction and include any satisfaction survey data, if available.

HHAX-CellTrak has been in business since 2006 and our EVV projects are our references. Our impressive 97%+ client retention rate over the past three years is an achievement that is unmatched in the EVV marketplace.

Our experience in implementing and maintaining EVV programs is proven across all aspects of the non-medical homecare industry. Our projects include some very large, multi-agency programs, such as our project with the New York Office of Medicaid Inspector General (OMIG), which involved more than 30 prime provider agencies and their related networks of contacted providers. Much of HHAX’s early growth was specifically attributable to word of mouth recommendations from one provider or payer to another, as they were very happy with the solution and supportive partnership they experienced with HHAX.

- The HHAeXchange strategies deployed to maintain such high client retention and satisfaction are:
  - High focus on client-centric implementation: adjusted to each client’s needs from a timeframe and requirements perspective;
  - Early, comprehensive audience-based, and ongoing training/learning opportunities from face to face initial training, to periodic product updates, to availability to both the training system environment, and the HHAeXchange Support Center, available 7 x 24 on an as-needed basis, which houses all of HHAeXchange’s user documentation and video support resources;
  - Regular, clear communication between the account management and support staff with each client;
  - Ongoing product enhancements and regular communication with user focus groups.
  - Routine callbacks to selected client ticket submitters the day after they submitted the ticket to ensure completion and satisfaction with the level of response.
  - User focus group to ensure direct feedback between participating clients and senior HHAeXchange management team, as well as ongoing training and breakout sessions to support clients.

HHAX was built on developing, supporting and enhancing the platform and solutions specifically to meet this market and the clients in this space. There is a clear focus on appropriate functions, based on what clients request and what the industry and regulatory changes dictate.
8. Describe the response to your EVV from a wide range of Recipients and Providers with a wide range of disabilities including blind and deaf and/or low literacy levels.

CellTrak’s mobile EVV solution has been successfully implemented and utilized across all socio-economic users with a wide degree of literacy. Users who were challenged with reading their own native language were successfully able to utilize the mobile solution, as it is intuitive, and image driven along with being developed to be localized to the users phone and desired language. The IVR EVV solution allows for visually or impaired or literacy challenged users to interact via voice prompts in multiple languages and successfully navigate responses using the numeric keypad.

9. Discuss ongoing maintenance of EVV systems.

The CellTrak Mobile and IVR EVV solutions is supported 24 x 7 x 365 by a scalable infrastructure that can handle surges in use during peak times for mobile devices connecting to servers and IVR calls. The redundant and scalable infrastructure is hosted in AWS and designed with automated controls in place to scale the infrastructure with expansion demand, there is no single point of failure and the mobile EVV system is designed to operate without a connection to a server for up to 7 days while capturing EVV information and storing it securely. CellTrak maintains quarterly releases and can deploy instantly and securely an update to the Mobile EVV without user intervention required.

10. Describe if/how the EVV solution can leverage the current IHSS Portal with the ETS feature and the pros and cons of doing so.

As described in our recommendations, the IHSS Portal and the ETS feature can be used to facilitate the implementation and transition and could also serve as a secondary entry-point, especially for individuals with disabilities such as sight and hearing impairment.

11. Describe how an EVV solution can be effectively implemented for both the Individual Provider and Agency Provider employment models.

Please see our Recommendations section which outlines our initial thoughts on how the HHAX-CellTrak systems and the OSI/HHSA systems can be optimized to address both the Individual Provider and Agency Provider employment models.

12. Describe your business model (e.g., Software as a Service, Commercial Off-the-Shelf, Modified Off-the-Shelf, custom built, transactional).

Our business model is designed as Software as a Service. Behind that configuration, HHAeXchange maintains a very large commitment to its custom built, homecare software for providers and payers alike. Wherever possible, we augment our cost software with commercial-off-the-shelf (COTS) products. A good example of our embrace of relevant COTS products, is our use of Sisense, which provides business analytics and enables us to very efficiently process complex data using elastic cube technology and distill the data into powerful, easily understood dashboards for our customers.
13. Describe the costs and fee structure of EVV solution(s) for customers with requirements comparable to the IHSS, WPCS, and other HCBS Waiver programs. Differentiate between Individual Provider and Agency Provider employment models. Identify both one-time and on-going costs. Describe how the cost model would scale up to accommodate the large number of IHSS and WPCS Providers.

HHAeXchange prides itself on straight-forward, simple pricing. Though there are too many unknowns at this point to provide detailed pricing, we can provide some general statements regarding our presumed approach for pricing a system for California.

During the Design, Development and Implementation (DDI) phase (90% potential reimbursement from the Federal government), we typically have pricing for four main areas:

- The first-year license PMPM fee. This fee is assessed to address the cost associated with initial start-up and training required to on-board and orient each provider. Given California’s embrace of self-direction and the large number of single care-givers, we would anticipate a deep discount for this item relative to more traditional, agency-oriented provider models.
- Fixed OBject (FOB) devices. Since there is a cost for us to purchase, coordinate and deploy FOBs in cases where telephony and mobile applications are not feasible, we itemize a cost for this feature. We estimate that as much as 20% of the recipients may need this feature and we charge a one-time fee of $50 for each deployment. The price includes lifetime replacement due to battery or product failure and excludes lost, stolen or damaged FOBs. FOBs can be redeployed by the state at no additional charge.
- We charge a fixed fee for each custom interface that must be developed.
- We charge a custom fee based on the approach, scale and expense of the training and rollout that is required.

During the Operational Phase, (75% potential reimbursement from the Federal government) we simplify our pricing and for the majority of operational costs, we use a flat PM/PM fee. This fee combines/includes our customary hosting and environment fee, EVV transaction fee, yearly license fee, support services and an array of functions and services which include:

- Auto broadcast and referral management
- On-line authorizations
- Real-time provider case acceptance
- Electronic Visit Verification Module
- Claims filtering & pre-billing engine
- On-line remittance loading & management
- On-line & real-time caregiver database
- Real-time operational & clinical alerts
- Mobile device access & free IOS/Android App
- Family Portal
- Vendor Performance Management Reports

Taking into consideration the scale of the California implementation and the likelihood of a phased approach, implementation pricing for later phases and operational pricing for early phases would likely overlap as the system is scaled over time.

In addition to the main pricing for the DDI and Operational phases, we provide additional ala carte pricing for new provider on-boarding, subsequent interfaces including any 3rd party EVV vendors, on-going FOB
deployments, and hourly fees for additional consulting, custom development or training that may subsequently be requested.

14. Describe how the EVV solution for personal care service that must be implemented in 2019 could be expanded to accommodate the 21st Century Cures Act home health care service EVV requirement by January 1, 2023.

The system is designed to handle consumer direct or agency directed care and is fully tuned to handle both personal care and home health. The initial roll-out for personal care will accomplish the majority of start-up tasks by establishing the necessary interfaces, ingestion of patient rosters, training for the members, deployment of fixed object devices in rural areas and other issues. In addition, the system is fully tuned to support home health tasks and would only require the on-boarding of additional agencies and specific tuning to match the California Medicaid program.

15. Describe the different means of communication (e.g., notifications) the system is capable of producing such as letters, e-mail, text, and phone in multiple language formats for visually and hearing disabled including large font, braille, and audio text.

The HHAX-CellTrak systems provide an array of different means to facilitate communication. The system can be configured to provide real-time alerts for different events that occur which can be sent to members, caregivers and centralized county and state staff. The system supports communication between caregivers, members and centralized staff via the mobile application and portal-based messaging.

16. Describe how your system is kept current and how it keeps up with technology changes.

HHAeXchange maintains three different development maps, one for its enterprise provider product, one for its payer product and one for its mobile application (CellTrak). Though the three applications represent one integrated platform, by separating the roadmaps we can more easily separate the functionality, priority and evolution to better reflect the needs of our client base. Based on the roadmaps, we schedule monthly releases for each product. In addition, if the need arises, we schedule patch fixes in between the scheduled releases to address any issues or high priority requirements.

Both HHAeXchange and CellTrak were founded by, and are led by technology leaders. Developing software and related services to assist the homecare market are our sole focus. As a result, we continually invest in our products and our ability to integrate with other products. As the homecare market and technology evolve, we pride ourselves in being a leader in our ability to evolve and change to maximize the efficiency and quality of home care.