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Subject: Request for Information # 32236 Case Management, Information and Payrolling System (CMIPS) Electronic Visit Verification (EVV)

Dear RFI Evaluation Committee,

Tellus, LLC, is pleased to respond to the State of California's Request for Information. Tellus offers a comprehensive Case Management, eVV and Support solution. Our solution is a leading cloud-based system. Components of our application have been in use for more than 15 years. We have continued to upgrade our system in response to changing technology and regulations and offer a robust, modular platform for effective care management combined with accurate billing and claims processing incorporating eVV requirements.

As required by the RFI, we are providing the following information in this Cover letter:

- 1a. Address: Tellus, LLC, 800 Fairway Dr., Suite 360, Deerfield Beach, FL 33441  
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- 2a. Tellus is a leading health care technology and services company. We have developed multi-module solutions and applications designed for the long-term care, home health and community services industries.

Our management and technical teams have more than twenty-five (25) years of experience working with Medicaid approved home health systems. Our long-term care case management and claims submission solutions have been in production for more than fifteen (15) years facilitating Recipient care in home and community based settings for Medicaid, Medicare and managed care services. Our eVV solution is fully integrated

with our other product offerings and is implemented as the primary eVV technology for the state of Florida Medicaid Fee-for-Service program.

- 2b. Our eVV solution is integrating with Premier Financial Management Services LLC, (Premier), a fiscal employer agent providing services to long-term care programs in CA and throughout the country.
3. Tellus has developed a set of best practices based on:
  - Feedback received from constituents, including state Medicaid programs, agents/agencies and direct caregivers,
  - Lessons learned through eVV implementations, one of which is the state of Florida Medicaid Fee-for-Service program.

First and foremost, it is critical to ensure the optimization of Recipient care meaning solutions must be easy to use and minimally invasive. Beyond that, user adoption is key which is why robust outreach, training and customer support services are critical to successfully deploying an eVV program. Another factor to consider related to user adoption is ensuring it is easy for Recipients, agencies and direct caregivers to understand, implement and afford. Last but not least the technical solution must be scalable, HIPAA/HITECH compliant, user friendly and responsive to market needs. Each state manages their Medicaid programs differently, the right technical solution is supported by a team of dedicated professionals who are as passionate about their constituents as they are about their technology.

4. Response to Attachment A: see attached

Tellus welcomes and would appreciate the opportunity to provide a demonstration of our solution to the State.

Best Regards,



Lia Sweeney, COO

# Attachment A CMIPS RFI #32236 Questions

## RFI General Questions

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- 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.**

Tellus technology solutions including our eVV mobile app, dashboard and claims portal were selected to support the Florida AHCA Medicaid fee-for-service program for home health services. Tellus is also integrating with Premier to provide their eVV solution for consumer directed personal care services.

The populations being served by our system are extremely diverse. Florida's Medicaid program is broken down into eleven (11) regions. Some are densely populated, others are rural and sparsely populated. The fee-for-service program has a long-term care component for Recipients from birth to the elderly for individuals whose medical condition, illness or injury requires the delivery of care in their place of residence. Services include home health visits, private duty nursing, and personal care services.

Premier provides Fiscal Employer Agent and Fiscal Conduit services to disabled Recipients with diverse socio-economic backgrounds in long-term care programs throughout the country. Services range from: processing new hire paperwork and background checks, to processing payroll and tax forms. They also process vendor paperwork and claims.

Our eVV solution is used in fee for service, consumer directed and managed care models to support direct caregivers in the delivery of services to Recipients in an efficient manner with an easy to use, minimally burdensome process that uses technology to detect and report fraud, waste and abuse by identifying aberrant behavior before claims are paid. We work closely with our partners, clients and constituent groups to define and implement business intelligence rules that support their values and goals.

Tellus also offers a variety of education, support and deployment options to make it simple for direct caregivers and agencies to adopt and comply with our eVV program. We've learned that clear, persistent communication is important for caregivers. Caregivers are passionate about caring for their patients and often view new regulations as burdensome. Providing simple tools with well-rounded deployment options including smartphones and data plans makes it easy for caregivers to start using eVV technology. Most understand and often are pleased to see measures employed to detect and address fraud perpetrated by bad actors.

- 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).**

Our cloud-based eVV solution integrates directly with the Florida Medicaid MMIS system, (FMMIS), utilizing HIPAA EDI Standards to act as a comprehensive platform

designed to reduce paperwork, eliminate redundancies, deter fraudulent or abusive billing and increase efficiencies, while providing compliance to ensure contracted services are documented and verified, all in an effort to provide the best value for the state. The eVV application uses accurate, GPS-based location to track caregivers and receive real-time alerts on time tracking and visit completions.

In the field, employees can instantly access daily patient rosters and directions to their next appointment. All PHI information can be administered or restricted to monitor which information is seen inside the HIPAA compliant environment. Direct service providers can easily and accurately check-in and check-out and document all services rendered using the user-friendly and intuitive solution.

Administrators can predetermine a set distance for how close caregivers need to be to initiate the visit. Upon arrival, caregivers check in and upon completion, check out. Services can be broken down and categorized by specific task. The timer tracks how long individual tasks take. For any missed appointments or late services, the platform alerts the agency immediately within the pre-fined timeline, (ie: 30 minutes), of a caregiver being late. Upon completion of services, the caregiver must collect a digital signature from the patient which is documented and instantly sent to the back office for the automated claims process to begin. In addition to the digital signature, we offer fraud prevention.

A web-portal will give managers a master view of all information including records (current and historical) giving them a place to administer patient plans or scheduling, review and manage claims submissions, review time and attendance tracking by status, patient or provider, as well as generate and export analytics and reporting (by day, week, month or year) for the agency or State.

Reports will include the following: open and closed issues, claims report by provider, service reports, cumulative summaries and analysis, performance by direct care providers, fraudulent billing patterns, accomplishments, customer service complaints and backup entries reporting. The portal will contain multi-level access to ensure only authorized individuals can process transactions or access Recipient information. Providers will be able to enter direct care provider information with registrations using specific identifiers and edit the records as needed. The portal will be able to store and share documents such as communication logs, track current visit statuses, and exported via PDF, Excel or text files.

The solution interfaces with the FMMIS to send and receive batch file transmissions from the FFMIS to update the provider, Recipient and claims service information on a consistent basis via EDI transmissions. The web-based dashboard will provide real-time reporting of services, providers and users locations, and services performed.

Users can access the portal via web browsers (Chrome, Firefox, Safari and Internet Explorer). The web based eVV Management Portal includes a dashboard to view current services and visits. This reduces errors in the exchange of business transactions, reduces labor costs, and improves response time. The portal can export service delivery encounter data via text file which providers can then import into their back-office business accounting software for all payroll and billing which greatly reduces paperwork.

- 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.**

Our solution is currently deployed in Florida, a large state with densely, moderately and sparsely populated areas. The Recipient population for the long-term care Medicaid fee-for-service model ranges from birth to the elderly and serves patients in both residential and community settings.

Tellus eVV technology is employed in fee for service, managed care and participant directed delivery models. Many of the direct caregivers in the participant directed model are family members who live in the household with the Recipient.

We employ a scalable infrastructure that is configured to manage increasing transaction volume in an efficient and secure way leveraging Amazon Web Services.

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

Recipient information, both demographic and clinical, including prior authorized services, is obtained directly from the Medicaid program. Recipient information is accessible only by the Provider authorized to render services to the Recipient. The Provider has the ability to schedule visits for the Recipient or initiate an unscheduled visit.

The Recipient schedule and authorized services can be accessed by the direct caregiver on any mobile device with an active data plan. Direct caregivers log into the application using their user ID and secure password. Additional security measures to access the device may include thumbprint recognition and/or the requirement to enter an access code. In addition, our Security Software can be loaded on the device to monitor the applications, data plan usage and location of the device. If the device is lost, it can be located and/or restored to factory settings.

Global Positioning System, (GPS), technology captures the location of the device when the services are initiated and when they end. Recipient signature is collected at the end of the visit, confirming care was provided. If the Recipient is unable to sign, a reason code is captured.

- d. Data collection, including information identified in this RFI Section 5 Proposed Environment.**

Data collection is accomplished using multiple methods and tools. Data is collected via system interfaces, batch file transmission, user input and with technical tools embedded in the application and employed for system monitoring.

Tellus monitors various components of production systems such as CPU, Memory utilization, Network and Disk utilization, Intrusion detection. In addition, for the DB server we also monitor read/write latency, number of sessions, and session performance.

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

Our web-based eVV dashboard provides the ability for administrative users to setup users, create service codes and tasks, schedule and monitor visits, modify and correct data. Data modification or correction is supplemented with an audit log to capture the user making the changes. Data changes are monitored using reason codes and associated notes to determine the reason for the change. Modifications can be made up until the time claims are submitted for payment. Once claims are submitted, the record is locked. When adjudication data is received a claim can be marked as paid or denied. If a claim is paid, the record is appended with payment data. If the claim is denied, the reason is recorded. The Provider has the ability to remediate and resubmit denied claims.

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

Tellus eVV is minimally burdensome because it does not interfere with Recipient choice regarding service delivery. For the caregiver, the only requirements are for the app to be launched by logging in, visit is started, services provided are checked off and the Recipient signature is obtained. Each of these steps is performed on a mobile device at the point of care and takes less than a minute.

**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.**

The primary visit tracking technology employed by Tellus eVV is GPS-based; however, we also offer an Integrated Voice Response, (IVR), system to supplement the use of GPS, where necessary, to serve special populations. Additional measures can be taken as required.

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

The primary visit tracking technology employed by Tellus eVV is GPS-based; however, we also offer an Integrated Voice Response, (IVR), system to supplement the use of GPS where necessary to serve special populations. Additional measures can be taken as required.

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

The primary visit tracking technology employed by Tellus eVV is GPS-based; however, we also offer an Integrated Voice Response, (IVR), system to supplement the use of GPS where geographically necessary; however, this should occur extremely infrequently because our application does not depend on wireless technology, it only requires the ability for GPS satellite access. The app can be securely used offline and will load temporarily stored on the device to our database when the direct caregiver is back in range for data transmissions. The data transfer occurs without any intervention by the user.

**j. Additional features the system offers outside of EVV.**

Tellus can offer solutions beyond eVV these include:

- **Scheduling:** Administrative users can enter scheduled and/or unscheduled visits using the Tellus eVV web portal. Caregivers can enter unscheduled visits using their mobile device for Recipients assigned to them.
- **Integration:** Our database is designed to capture and organize data from many sources including MMIS, other eVV vendors, Agency Management Systems, Case Managers, etc. Data is organized, analyzed and presented as required by our clients and constituents online, via devices and in reports that can be downloaded in various formats.
- **Rules Engine:** Tellus employs a highly configurable rules engine to accommodate various delivery models, goals and requirements while minimizing implementation timelines.
- **Business/Artificial Intelligence:** BI/AI supports our rules engine to provide meaningful data to our constituents to help them measure and improve recipient outcomes while reducing incidences of fraud, waste and abuse.
- **Dashboard:** Web-based tools are available for scheduling, monitoring, viewing claims, submitting claims, monitoring claims and defining and accessing reports.
- **Reporting:** Reporting tools to generate ad hoc reports are available in addition to the ability to access pre-defined reports. All reports can be exported into a variety of formats for presentation and analytical purposes.
- **Security and Management for Devices:** Tellus loads device management software on each Smartphone leased through us. The software provides the ability to prevent caregivers from loading unauthorized software on the device as well as restricts settings and features for the device. In addition, the device can be located if lost and/or restored to factory settings. Our security management tool provides an additional level of security and peace of mind.

- **Smartphones and Data Plans:** To make it easy for agencies to roll out eVV programs Tellus offers Smartphones and data plans preloaded with the eVV app and our Security Management Software. The entire eVV solution including Smartphone, Data Plan, eVV App, eVV Dashboard and Claims Processing Portal can be accessed at a very reasonable monthly rate.
- **Monitoring Tools:** Tellus monitors various components of production systems such as CPU, Memory utilization, Network and Disk utilization, Intrusion detection. In addition, for the DB server we also monitor read/write latency, number of sessions, and session performance. Our engineers get immediate notifications regarding all system issues. We can setup notifications where the Provider will receive them if normal operations are affected. Monitoring and auto-scaling systems are in place to ensure our host and platform are running 24/7.
- **Outreach, Training & Customer Support:** Tellus has developed an Outreach program to introduce users to EVV, announce rollouts and answer frequently asked questions. For each provider, we bring onto the platform, we do full training both live and via webinars for admin and field staff. Our customer support team is also available to assist clients. They employ a call tracking system with IVR, ADA and multi-lingual support. Data related to calls is captured via our ticketing system creating a robust knowledge base to help us better serve our clients.
- This will also include an administrative section to configure and deploy apps and devices and configure access control levels. On the backend, the platform integrates both billing and EDI modules where providers and administrators can assess, document, schedule, report, budget and bill support services. The EDI Module works in conjunction with 3rd party EDI software enabling agencies to exchange information between our platform and, if needed, an agency's EDI trading partners without having to input the data manually.

**k. Service level metrics including system availability and system capacity. To ensure application functionality and 24/7 uptime, we adhere to the following service level and system problem plan:**

- Application defects will begin with a diagnosis and classification of the reported issue within one (1) hour of Tellus being alerted or as identified by Tellus.
- Application defects identified as Severity 1, will begin the resolution process within four (4) hours of identification.
- Application defects identified as Severity 2, will begin the resolution within one (1) business day and scheduled for emergency release.
- Application defects identified as Severity 3, will begin resolution within five (5) business days and added to the next scheduled release.

**Service Level Agreement Definitions (SLA)  
Application Defect: An Error, Flaw, Failure or Fault**

Severity 1	An application defect is deemed Severity 1 when the majority of services are not available for use by the end user users. This includes internal users of the system.
Severity 2	An application defect is deemed Severity 2 when a portion of services are not available for use by the end user or an intermittent failure is occurring with seemingly random sequences of events. This includes internal users of the system.
Severity 3	An application defect is deemed Severity 3 when there is an isolated issue pertaining to an individual or small group of users that have impact on their ability to use the system. This includes internal users, items initially reported as defects but later classified as enhancements, and issues reported that are unable to be replicated by reasonable means. Severity 3 defects will be reported on regularly and reviewed for larger patterns. A group of Severity 3 defects may potentially escalate in severity classification if patterns are identified that indicate a larger problem.

**I. Contingency plans for system outages or unavailability.**

To ensure the Agency will be notified of any system problems, errors or back-log, we have monitoring and auto-scaling systems in place. Monitoring includes but is not limited to CPU, Memory utilization, Network and Disk utilization, Intrusion detection. In addition, for the DB server we also monitor read/write latency, number of sessions, and session performance.

Our engineers get immediate notifications regarding all system issues. We can setup notifications where the Provider will receive them if normal operations are affected.

System outages or unavailability should not be a factor, all backups and recovery of databases for all cases, including disaster and system failure is hosted in at least two different availability zones (geographically different data centers). Database instances

are kept in sync in real-time. Should one datacenter fail, the system seamlessly falls over to another datacenter without any interruption or data loss. In addition, backups occur at the regular intervals. Backups are encrypted and stored in multiple locations providing 99.999999999% durability.

Our disaster recovery plan has been developed to activate in the event of potential operational disruptions that may occur due to weather or other unanticipated events. The disaster recovery plan incorporates relocation of key staff members to secondary and tertiary operations centers. One of those locations is in California at 625 The City Drive, Suite 395, Orange, CA 92868. We are currently looking for office space in Bozeman, MT, and are targeting June 1, 2018, to open an office there.

**m. 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.**

Our application is highly configurable. We anticipate almost all required changes will be able to be accommodated with changes to configuration settings. In the event modifications are required we employ an agile development methodology and will schedule and deploy changes by prioritizing requirements based on client needs and deploying them based on agreed upon timelines.

**n. Types of analytics and reporting provided.**

Tellus employs a robust business and artificial intelligence rules engine with dynamic reporting capability. Most of our clients are interested in reviewing patient care data, aberrant behavior and fraud, waste and abuse indicators. Some of the reports available include:

	Fraud Detection	Aberrant Billing	Service Delivery	Logistics
Activities across providers	✓	✓	✓	✓
Claims by date				✓
Claims edited	✓	✓	✓	
Claims exceptions by reason code	✓	✓	✓	✓
Claims on hold	✓	✓		✓
Claims resubmitted	✓	✓	✓	
Claims submitted, denied	✓	✓	✓	
Claims submitted, paid				✓
Claims voided	✓	✓	✓	
Direct care giver schedule				✓
Prior Authorization, no scheduled visits			✓	
Provider ID does not equal authorized provider ID	✓	✓	✓	
Recipient address change	✓	✓	✓	✓
Recipient list				✓
Visits delivered, deviate from prior authorization		✓	✓	
Visits delivered, start address does not equal end address	✓	✓		✓
Visits late			✓	✓
Visits overlapping services	✓	✓	✓	✓
Visits scheduled	✓	✓	✓	✓
Visits scheduled address does not equal delivery address	✓	✓		✓
Visits scheduled, conflicting prior authorizations	✓	✓	✓	✓
Visits scheduled, no prior authorization		✓	✓	
Visits scheduled, not completed (missed)	✓	✓	✓	✓
Visits supported by third party EVV	✓	✓	✓	✓
Visits unable to complete	✓	✓	✓	

**o. Typical account set up time and check in/out time for Providers and Recipients.**

Once a Provider account is provisioned, setting up the account is real time. The administrator can login to the account via the web to add users, also known as direct caregivers, to the application. Under our current structure, Recipients are loaded into accounts by importing files from the State. Recipients are assigned to Providers by the State. A Provider account is pre-loaded with assigned Recipients and all the data the State provides us for that Recipient.

Providers can access the eVV Portal to add users and schedule visits whenever they choose. Scheduled Visits and associated tasks are pushed to the user and accessible via the eVV Mobile App by signing into the app via their Smartphone or Tablet. Once the information is entered in the eVV Portal, the caregiver will be able to access the information within minutes.

In the self-directed model, the Provider/Recipient may be the same user for eVV Dashboard purposes. An alternative is for the caregiver to be able to set up Unscheduled Visits via the eVV Mobile Application right on their Smartphone or Tablet at the time they are ready to provide services to the Recipient. The Provider/Recipient will have the ability to login to the eVV Dashboard to enter the visit retroactively.

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

Tellus eVV groups and/or categorizes tasks to improve the usability of the system, several examples of this include:

- Ability to schedule and view the scheduler in both recipient and caregiver views,
- Ability to schedule recurring visits,
- Late visit notifications generated by comparing data entered in web dashboard to data captured via mobile and generating notification to both web and mobile views,
- Automatic capture of timestamps captured on mobile, viewable via web dashboard and claims portal,
- Electronic signature captured on mobile device and viewed via web dashboard.

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

Standard connectivity to the eVV platform consists of mobile and web-based applications using Wi-Fi and/or a mobile data plan (for mobile app). Connectivity can be shared with existing plans or new commonly available plans can be established for single purpose use.

All PHI data is encrypted on transmission and at rest when stored in a database or filesystem. We use TDE (Transparent data encryption built into MSSQL server) and adhere to HIPAA compliance.

The process of retrieving visit verifications in compliance with HIPAA standards requires all communications (application <--> database, mobile app <--> server) to happen over a secured HTTPS connection. We ensure that PHI information is encrypted when transmitted and encrypted at rest by using SSL/TLS and database encryption. Our hosting provider has achieved countless certifications including, but not limited to, SOC 1,2,3, FedRAMP, ISO 9001, HITECH, PCI DSS: (<https://aws.amazon.com/compliance/>)

Automated capabilities include the ability to interface with other applications via Application Protocol Interface, (API), or transmitting batch or EDI files via Secure Web Portal in accordance with the pre-defined time intervals.

The mobile application will be installed either using our security application or via App Store download, a common way of installing apps on mobile devices. All updates and maintenance will be delivered through these same channels.

The solution can interface with the MMIS and FMS applications directly or hubs to send and receive APIs or batch file transmissions to update the provider, Recipient and claims service information on a consistent basis. The web-based dashboard will provide real-time reporting of schedules, services, providers and services performed. Users will be able to access it via web browsers (Chrome, Firefox, Safari and Internet Explorer). The web-based Security Management Tool can be configured to view a detailed map of the locations of current devices in the field. This will also include an administrative section to configure and deploy apps and devices and configure access control levels.

The platform includes a portal to run ad hoc reports and access custom reports. All reports can be exported to various file types on an as-needed basis.

The application captures data that can be exported to other systems for timekeeping and payroll purposes. Mileage and travel duration can also be captured and transmitted.

**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.**

Outreach and training are key components of any implementation but especially for large populations many of whom are not comfortable with technology. Early and regular communications with well-developed support materials to reference with clear, defined timelines and expectations are beneficial for early adopters.

Training sessions in various formats are also important. Live sessions give constituent groups the opportunity to learn how to use the application as well as express concerns and ask questions about the mechanics of the tool. It is also beneficial to deploy technology to a pilot group ahead of the general rollout to gain a better understanding of how users will interact with the new technology and workflow. Sometimes changes are made to the application in response to feedback received from user groups during training and pilot programs another reason it is important to incorporate early in the process. Online training is valuable as a convenience to users, and live sessions also offer the ability for users to ask questions and provide feedback real time but it is more limited due to monitoring mechanisms that must be employed for large groups in those setting. Online libraries are beneficial for users who want the ability to train when their schedule permits and for reference materials to those who want to review areas of the system. Variety affords the ability for users to train in the way that is most comfortable for them.

The Level of effort (LOE) for the project will be estimated from the analysis of the scope statement. The scope statement will be grouped into development activities, implementation activities, training activities, deployment activities, customer service activities, and project oversight activities. These set of groupings provides the Vendor with the capability to provide a top-down estimate on the entire project activities based on the tasks needed to comply with the milestones and deadlines in the implementation plan. The top-down is one of the tools and techniques promoted by the PMI's best project management practices documented in the PMBOK®.

The project timeline will incorporate the required milestones and work required to successfully abide by the delivery dates outlined. The draft implementation plan, containing the initial draft schedule, will be provided for feedback and acceptance. The phases required to complete the work will follow industry best practices for project management and software development. Project management phases may include project initiation, planning, executing, monitoring and controlling, and closing.

Software development phases may include a blend of standard software development life cycle (SDLC), as well as Agile processes, to support rapid development. The anticipated milestones needed to comply with the eVV System solicitation will likely include the following; however, it is highly dependent upon the requirements dictated by the Request for Proposal, (RFP). The following is an excerpt from the deployment plan Tellus followed for the rollout with the State of Florida:

- Draft Implementation Plan – Fifteen (15) calendar days after resulting contract execution
- Final Implementation Plan – Five (5) calendar days from Agency feedback on Draft Implementation Plan
- Complete Approved Outreach Plan – No later than thirty (30) calendar days following execution of resulting contract
- Develop Internal Quality Control Program – Dependent on approved Final Implementation Plan
- Smartphone Application Implementation – Receive written approval from Agency Division of IT
- Interface (100%) with Agency's fiscal agent and home health service providers – September 30, 2017
- Post Approved Procedure Manuals on Website – Dependent on approval from Agency
- Complete Provider Training – September 30, 2017
- Receive and Transmit Claims – October 2, 2017
- Risks will be documented in a risk register that includes both impact and probability ratings, prioritizations, responses, and contingency plans to address each of the identified risks. The register will be managed by the project team and will continue to change as the project progresses. Risk identification will be an activity that will continue through the completion of the contract.
- The project management plan, as well as the procedures documentation, will outline an effective change control method for the review, revision, and approval of planning documents, testing processes, and other project deliverables. We recommend a change control board (CCB) be created to provide feedback on identified changes, to review and approve modifications. The CCB should be formed early in the project and shall include Agency and Vendor stakeholders.
- Contactor roles and responsibilities of proposed contractors will be defined in a role responsibility assignment matrix which will be included in the project management plan, as a component of human resource management.

The original project timeline for the State of Florida from the award of the contract deployment was delayed for three reasons:

1. Delays in the contract completion, approval and execution pushed the contracted deployment date from October 1 to November 1
2. Hurricane Irma created disruptions due to unscheduled time off pushing the deployment date from November 1 to December 1
3. Changes to FMMS during the same timeframe extended the integration testing process resulting in deferring to December 18

Contact information for our representative at the Agency for Healthcare Administration in Florida is:

Name: Toby Philpot  
Title: Chief of Staff, AHCA  
Email: toby.philpot@ahca.myflorida.com  
Phone: (850) 412-3600

Once the implementation schedule is accepted by the Agency, ongoing support is required in the form of regular meetings and timely response and assistance. It is difficult to adhere to timelines if feedback and responses are delayed for weeks at a time requiring work arounds and on occasion lapses in work. Clear expectations regarding review processes and timelines are important to take into consideration prior to the development of the Implementation Plan.

A communication plan will be created to identify the best communication methods between the Vendor and the Agency and its identified stakeholders. The plan shall include proper expectations regarding the receipt and acknowledgement of information and requests, and necessary dates, to engage both parties and outline the proper expectations. A mix of mediums may be used, such as information repository, emails, and phone calls. Meetings to gather information, contractor statuses, issues, risks, and project statuses will be scheduled appropriately throughout the different phases of the project to ensure that communication is flowing between all project stakeholders. Meetings will have the overall goals of identifying risks, providing issue resolution alternatives, and capture project work effort and provide forecasting effort needed to stay on plan.

**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.**

Change management is always challenging especially in diverse, decentralized populations. Tellus recognizes that any implementation of new systems affects the way in which an organization interacts with its stakeholders and end users. Equally important, new systems impact how stakeholders and end users within the organization and outside of it, interact with each other, ideally achieving greater operational synergies. Our experienced team members will work with you diligently to ensure the smoothest possible transition and deployment of the proposed eVV solution.

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

Customer satisfaction is earned one interaction at a time supported by strong supplemental materials and programs. A culture of seeking to understand client needs and working with them to help them overcome challenges by making changes when necessary to improve usability and workflow challenges fosters an environment of mutual trust and cooperation. Sometimes changes cannot be made but explaining why and helping them overcome challenges or obstacles is usually appreciated.

Live forums including demonstrations and training sessions both in person and on the web are helpful to open the lines of communication for direct and honest feedback. Working with pilot groups to understand the nuances of workflow and usability are also important.

Timely, direct and detailed communications help set the stage for users but one-on-one Customer Support is an important supplement to mass communications for people who need a bit more attention to work through issues.

A rollout strategy incorporating end-to-end testing with small user groups representing diverse constituent categories is essential. The earlier in the process new requirements are identified and incorporated, the greater the ability to support a successful, timely production schedule.

**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.**

Tellus is generally regarded as a great team to work with. Our goal is to be the best eVV solution in the market. We listen to our clients and constituent groups and work with them to identify solutions that will support high levels of user adoption. To accomplish this, users need to feel the work they do, caring for Recipients is not hindered by using eVV. Most recognize the existence of fraud, waste and abuse and the need to eradicate it, thereby supporting the need for introducing tools to accomplish that.

Where possible, we seek to assist in facilitating workflows to improve efficiencies, reduce redundancies and eliminate unnecessary burdens. Examples include, pushing the caregiver schedule to mobile devices so they don't have to go to an office or login to a computer to access their schedule. The same applies to timesheets and mileage/travel logs/schedules.

Recipients are supported by verifying services are delivered at the point of care and by the ability to provide feedback in the form of satisfaction surveys.

**9. Discuss ongoing maintenance of EVV systems.**

The proposed solution will be provided through the Software as a Service (SaaS) mechanism. There are immediate benefits to deploying the solution using our pre-existing SaaS platform, including (but not limited to), higher adoption rates, improved integration and scalability, improved maintenance and support as well as reduced time to implement, develop and release new features and bug remediation.

The mobile application will be installed using either a mobility management system that the provider is currently using (Tellus also provides an EMM solution) or via App Store download which is a common way of installing apps on mobile devices. All updates and maintenance will be through these same channels.

**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.**

The solution can interface with applications directly or using hubs to send and receive APIs or batch file transmissions. The pros and cons of leveraging the current IHSS Portal with ETS features cannot be determined with the information currently available.

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

eVV can effectively be implemented for both Individual Provider and Agency Provider employment models with effective FMS integration for Individual Providers. Individual Providers are often both a Provider and Recipient of services and/or have a significant relationship with the Recipient. This creates the need for functionality that is flexible and adaptable to informal work streams and communications. Our eVV solution supports this unique relationship.

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

Tellus eVV is Software as a Service that is delivered Modified Off-the-Shelf. Our solution is highly configurable providing flexibility to our clients. Our software is modularized so clients may choose one or many of the following tools:

- eVV Mobile App
- eVV Integration Engine
- eVV Dashboard
- eVV Agency Dashboard
- eVV Reporting Dashboard
- eVV Smartphone/Data Plan
- eVV Claims Portal

Our software is also highly configurable so many of the business rules can be changed to turn off, turn on and/or parameterize various components of the modules listed above.

If there is a requirement that cannot be met through a combination of module configuration and pre-built configuration, we will work with constituents to identify an efficient way to modify our existing software and/or build components to supplement our existing software to meet those requirements.

**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.**

Tellus has employed various cost models based on client needs including:

- Fixed fee
- Per Member per Month
- Fee for Service
- Transaction fees
- Cost plus
- Hybrid of the models listed above

The appropriate fee structure is dependent upon understanding the client's budget and reimbursement constraints and models.

**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.**

Tellus eVV can accommodate the requirements for both the 2019 and the 2023 requirements. The types of services included in the application are part of our configuration settings. The solution can also be adapted for many other uses such as durable medical equipment and transportation.

**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.**

Within the eVV application forms of communication and notification are supported via the web portal interface in the form of alerts for late visits and text communications sent via the mobile application. On the eVV mobile device, SMS communications are supported.

The eVV application is also able to store and share documents such as communication logs, tracking current visit statuses, etc. Ad hoc and custom reports can be generated and exported into various file formats. Customer service is currently provided via telephone and email in four languages and supports communications with hearing impaired. Tellus eVV system and support can be expanded to support other forms of communication as required.

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

Tellus is committed to supporting the best eVV technology in the market. To accomplish this goal, it's imperative to understand current technology solutions and market trends as well as emerging health care trends and the regulatory environment.

Our technology team is passionate about their craft. Through formal and informal education, they are exposed and incorporate methods and tools to facilitate development of modern, user-friendly tools. One of the main reasons our clients like working with us is they think our software is "really cool," but beyond that our development team is committed to getting it right. They are just as concerned about the user experience as they are about employing efficient coding standards and reconciling data to ensure interfaces are working properly before deploying automated updates.

We do not view Tellus eVV as a static Commercial-Off-the-Shelf solution, we will continue to update and modify the software keeping pace with the market by employing a development, test and release schedule compatible with client needs to ensure ongoing operations are not disrupted as our software is upgraded to accommodate technology changes and/or to improve usability and workflow for end users.

In addition, we participate in conferences focused on Medicaid and health care. We have relationships with industry organizations and leaders and communicate with them regularly. We are launching our first annual user group symposium this summer to engage clients and constituents and to encourage open and honest communications.

In summary, keeping current is dependent upon understanding what's happening in both the technology and health care sectors. Tellus is an active participant in both communities.