



ELECTRONIC VISIT VERIFICATION AND HCBS

August 28, 2018

Electronic Visit Verification

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- The 21st Century CURES Act mandates that state Medicaid programs have electronic visit verification for:
 - ▣ Personal care services by 2020:
 - Originally was 2019, but Congress passed a 1 year delay
 - ▣ Home health services by 2023.
- If a state does not have the system in place, they receive a decrease in FMAP:
 - ▣ Begins at 0.25% and grows to 1% over time;
 - ▣ Does not apply to all Medicaid services – FMAP only cut for the noncompliant services

Electronic Visit Verification

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■ Challenging timeline:

- The one year delay alleviated the immediate concerns, but there are ongoing challenges with procurement, design, and installation;
- States may receive a 1 year reprieve from the FMAP cut if they made a “good faith effort” and experienced “unavoidable delays”;
- States must submit an Advance Planning Document to secure approval for increased federal funding to implement EVV or else fund at lower match rates;
- Competitive procurements and potential appeals will be lengthy, and there are questions about sufficient vendor capacity;
- Final design, development, and implementation must follow these processes.

■ Key questions remain:

- What does “in-home visit” mean?
 - Licensed providers (ie: Assisted living/group homes/etc) not included
 - What about shared living arrangements? Family members in the same home?
- How to reconcile with person-centered flexibilities in self-direction programs;
- Issues related to privacy of participants;
- Interoperability;
- Many others.

EVV Technology



Telephone timekeeping/
Telephony



Web-based Verification



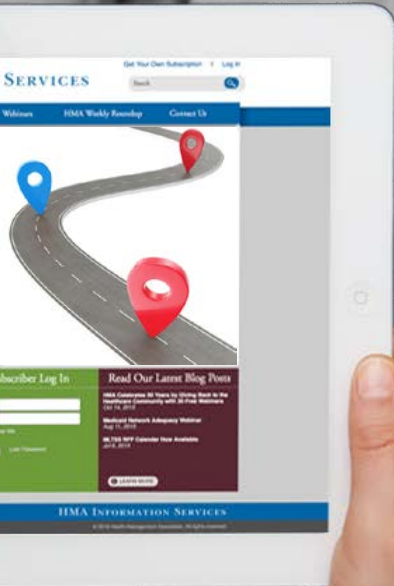
One-time password
generator



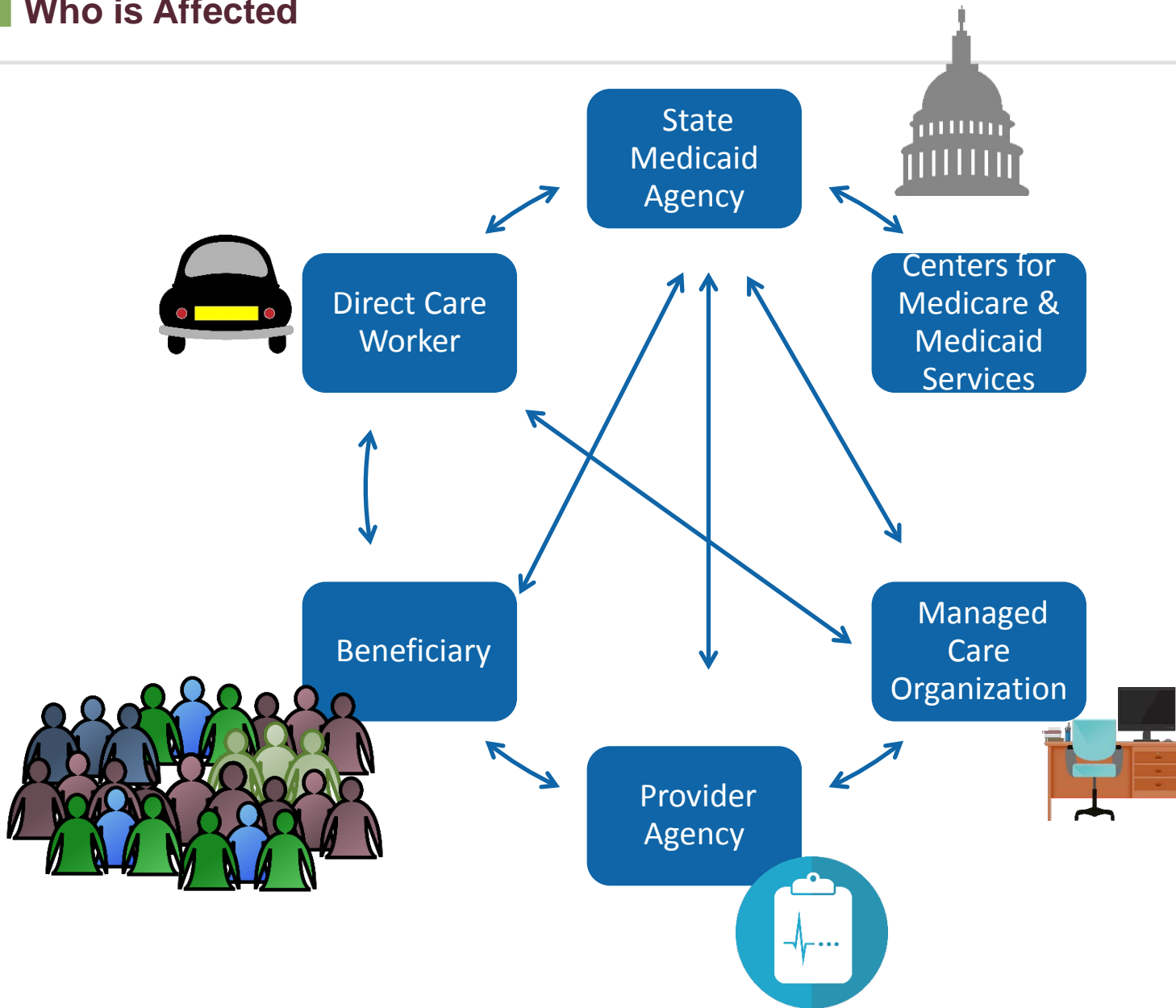
Global Positioning System (GPS)



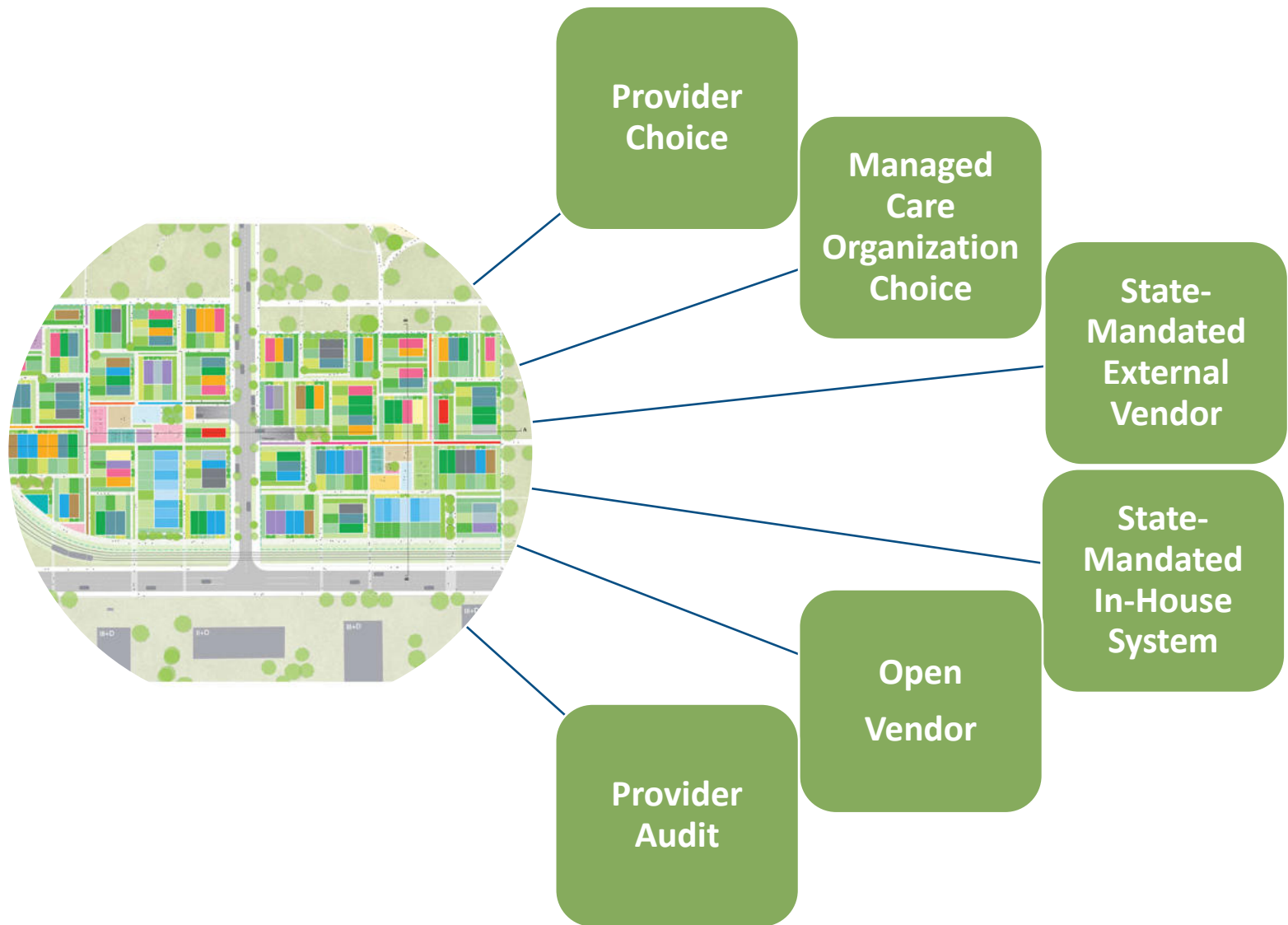
Biometrics



Who is Affected



CMS's 5 Design Models of EVV + 1 Additional



■ EVV in the 21st Century Cures Act

Why is EVV in the Cures Act?

- ⊕ Increase Quality Improvement
- ⊕ Improve patient and provider safety
- ⊕ Collect data currently lacking
- ⊕ Recognize growth of home and community-based services
- ⊕ Increase financial accountability of provider agencies and managed care organizations
- ⊕ Deter and reduce fraud, waste, and abuse
- ⊕ Strengthen insufficient controls for monitoring and fraud, waste, and abuse

17 Promising Practices for Success

CMS 7 Promising Practices for Training and Education include:

Assess state resources and capacity for training

Inventory/ identify all training target populations

Understand the variations of the EVV model used

Establishing a training plan

Establish an EVV website that is user-friendly and robust

Train on an ongoing basis

Use multiple approaches for notification of training

Ongoing provider involvement and monitoring
Considerations for self direction

CMS 8 Promising Practices for Implementation + 2 additional considerations include:

Assess systems currently in use by providers

Evaluate the state's existing vendor relationships

Define EVV Requirements

Integrate EVV systems with other Medicaid state systems and data

Understand technological capabilities

Solicit stakeholder input

Assess state staff capacity to develop/support system

Rollout EVV in phases and/ pilots

Resources

- CMS Guidance and FAQ Issued May 16, 2018: <https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>
- NASUAD May 2018 Publication: Implications for States, Providers, and Medicaid Participants: <http://www.nasuad.org/newsroom/nasuad-news/nasuad-releases-paper-electronic-visit-verification-hcbs>
- CBO publication: “Direct Spending and Revenue Effects for H.R. 34, the 21st Century Cures Act”: <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr34amendment5.pdf>
- Medicaid and CHIP 2015 Improper Payments Report: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/Downloads/2015MedicaidandCHIPImproperPaymentsReport.pdf>
- CMS Training on Monitoring FWA in HCBS PCS: <https://www.medicaid.gov/medicaid/hcbs/downloads/hcbs-3a-fwa-in-pcs-training.pdf>
- 2012 OIG Portfolio: <https://oig.hhs.gov/reports-and-publications/portfolio/portfolio-12-12-01.pdf>
- 2011 OIG Spotlight On...Medicaid PCS: https://oig.hhs.gov/newsroom/news-releases/2011/personal_care_services.asp <https://oig.hhs.gov/oei/reports/oei-07-08-00430.pdf>
- 2010 OIG report: Improper Claims for Medicaid PCS: CMS Booklet titled “Preventing Medicaid Improper Payments for Personal Care Services”: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/pcs-prevent-improperpayment-booklet.pdf>

Electronic Visit Verification: Implications for States, Providers, & Medicaid Participants

Mark Dillon
**Executive Director, National Electronic Visit
Verification Association (NEVVA)**



Electronic Visit Verification: Implications for States, Providers, & Medicaid Participants

- National Perspective of EVV
- What's working versus not
- MLTSS (Managed Care Organizations)
- Data Standards

Electronic Visit Verification: Implications for States, Providers, & Medicaid Participants

National Perspective:

- Open Model has been accepted as the new standard
- State decisions are increasing (not quite there yet, but close)
- Implementations are occurring (although at a slow pace)
- Medium to Large to Providers have generally accepted EVV
- Communication and training has improved
- We've moved away from IVR technology to location based (GPS and cellular) technology - next IOT only devices



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National Perspective:

- Multiple data standards, no consistent interoperability
- A visit (Care/Service) is an invoice - require it to match other industries
- Develop a plan & stick to it (Implementations start to slide when Provider or Advocates push back)
- Providers permitted too many “Reason Codes”
 - A program with too many exceptions, is not a program - it’s an exception
- Consumer Direction & Advocacy Groups have challenged EVV without a solid basis for the challenge



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Managed Care

- Managed Care Organizations have the ability to lead the next evolution of EVV
- Consistent message across all MCO's as to data standards & interoperability
 - Similar to their support of the 837 standard, etc
- To date - they haven't coalesced around data standards
 - Downstream impact - multiple layers of process and lack of standardization
 - Which leads to more exceptions & reason codes
 - If there are differing processes and data requirements in a particular market, it will lead to more work arounds and cause a lack of compliance

Electronic Visit Verification: Implications for States, Providers, & Medicaid Participants

Data Standards

- NEVVA welcomes participation by all parties to develop a set of standards for what constitutes a good visit (EVV)
 - The Standards Committee of NEVVA will be comprised by State's, MCO's, EVV Providers and Providers of Care
 - GET INVOLVED!
- EVV application certification (Mobile Applications)
 - As the industry adopts an Open EVV Model, the variation in EVV applications (mobile largely) differs significantly
 - NEVVA can provide the certification of EVV mobile application providers





Electronic Visit Verification: Implications for States, Providers & Medicaid Participants

Lia Sweeney, EVP Strategic Innovation

Date



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1. State Considerations
2. Best Practices
3. Opportunities

STATE CONSIDERATIONS

- Patient Outcomes
 - Flexible Rules Prevent Interfering with Patient Care
 - Focus on Data Capture Instead of Presenting Obstacles
- User Adoption
 - Make it Easy for MCOs/Providers
 - Ecosystem Perspective

BEST PRACTICES

- Frequent & Clear Communications
 - Outreach
 - Training
- Soft Launch
 - Test Configurations & Integrations without Consequences
 - Alleviate Anxiety

OPPORTUNITIES

- Improved Interoperability
 - Industry Standards
 - Accelerate Pace
- Data Mining
 - Improve Patient Care
 - Operating Efficiencies
 - Reduce Fraud, Waste & Abuse



Connecticut's Electronic Visit Verification Solution (EVV): Putting the Pieces Together



Electronic Visit Verification

Electronic Visit Verification (EVV) is a telephonic, mobile, and computer-based system that documents the precise time and actions taken by agency caregivers in the home. The Connecticut EVV system includes:

Electronic Visit Verification™

- ✓ Telephonic visit verification
- ✓ Mobile visit verification application for IOS/Android
- ✓ Fixed visit verification

Provider EVV Portal includes

- ✓ Data Integration
- ✓ Scheduling tool
- ✓ Claims Validation
- ✓ Sandata Billing
- ✓ Alternate Claims Submission
- ✓ Jurisdictional (JV) View/reporting



Benefits of EVV

- ✓ Improved Service for Client
- ✓ Ease of Use
- ✓ Consistent Service Delivery
- ✓ Late and Missed Visits Reduced
- ✓ Visibility of Service Received
- ✓ Improved Efficiency
- ✓ Improved Revenue/Payment Cycle
- ✓ Ability to Measure Results & Health Outcomes
- ✓ Jurisdictional Overview of Programs
- ✓ Real Time Program Alerting when client condition has changed
- ✓ Ensures Quality of Care
- ✓ Support Waiver Quality Performance Measures



Electronic Visit Verification Statistics

- ✓ January 1, 2017 Go live for Waiver services
- ✓ April 3, 2017 Go live for Home Health services
- ✓ 20,000 CHC, ABI and PCA Waiver clients receiving services through EVV
- ✓ 85 Home Health Agencies utilizing EVV
- ✓ 240 Waiver providers utilizing EVV



Keys to Success

Connecticut's success was a direct result of the collaborative efforts between the Department of Social Services, DXC Technology, Sandata Technologies and the valuable input from the provider community.

Implementation Timeline



Provider Outreach

Early and ongoing communication with stakeholders is key and will help identify process improvements. A comprehensive outreach strategy is critical to ensure all stakeholders are knowledgeable about EVV. Connecticut's outreach included:

- ✓ **Town Hall & Outreach Sessions (4)**
- ✓ Start discussions early, solicit feedback from agencies.
- ✓ **Agency Feedback on EVV Setup**
- ✓ **Early Access to EVV System**
- ✓ Allow agencies to familiarize with the system to launch, CT Piloted the program prior to opening the system to agency use.
- ✓ **EVV System Training**
- ✓ 24 Face to face classes
- ✓ 18 instructor led online webinars
- ✓ **Extensive Online Information**
- ✓ Dedicated EVV website – updates, FAQs and Unlimited online access to material
- ✓ **Ongoing Program Improvement**
- ✓ Continued collaboration with agencies to improve EVV, maximizing benefits and minimizing impact on providers.



Expanding EVV in 2018

- ✓ **New Programs**
- ✓ Consumer Direct Services (CDS)
- ✓ Autism Waiver
- ✓ Department of Developmental Services Program
- ✓ **Approach, Challenges, Solutions**
- ✓ Soft launch for providers
- ✓ Gradual movement to mandated use and enforcement
- ✓ Training and ongoing support challenges of CDS Programs vs. Agency programs.
- ✓ **Compliance Plan**
- ✓ 90% of call in/call outs must be captured in EVV
- ✓ EVV statistics are used to identify non-compliant providers for outreach
- ✓ **Lessons Learned**

- ✓ Define and communicate non-compliance actions up front
- ✓ Solicit provider feedback
- ✓ Engage providers early
- ✓ Be prepared for design changes based on provider engagement
- ✓ Mandate training
- ✓ Provide enough time for testing
- ✓ Develop a process for responding to questions, including an escalation process
- ✓ Educate political stakeholders early and often





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