

Wednesday, December 8th, 2021

# Moving Past the EVV Mandate: Examining Payer & Provider Collaboration in 2021 and Beyond

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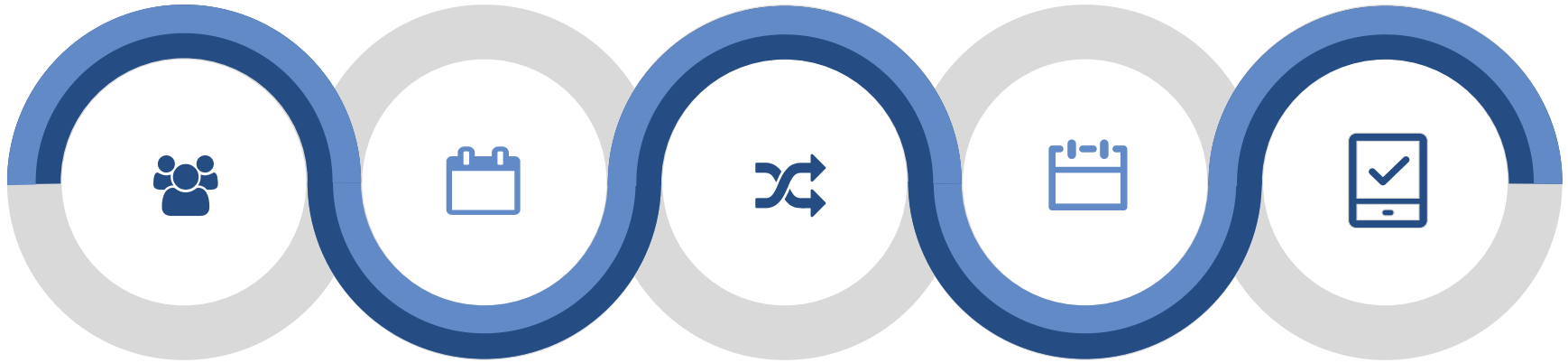
- — HHAeXchange and Aetna at a Glance
- — The Good, the Bad, and the Ugly: Lessons Learned from Implementing EVV
- — Best Practices for Success
- — Opportunities for Innovation
- — Going Forward – What States & Plans Need to Consider



# HHAeXchange at a Glance



# Welcome to a Managed Care Homecare Ecosystem Without Barriers



## Network Management

Communication, patient management, centralized homecare system for payers and providers, and comprehensive BI tools

## EVV Aggregator

Aggregation of visit data and interactive BI tools

## Supplemental Services Management

Secure and seamless management of supplemental service vendors

## Care Insights

Early detection of escalating member risk factors & SDOH-related observations

## Solutions for Self-Direction

Powerful data-driven platforms to manage the complexity of FMS with purpose-built EVV tools

# HHaEXchange: National Footprint of Homecare Management



77+  
Payers Served



4  
State Aggregator  
Contracts



6,200+  
Homecare Agencies



615,000+  
Members Serviced



125M  
Annual  
Visit Confirmations



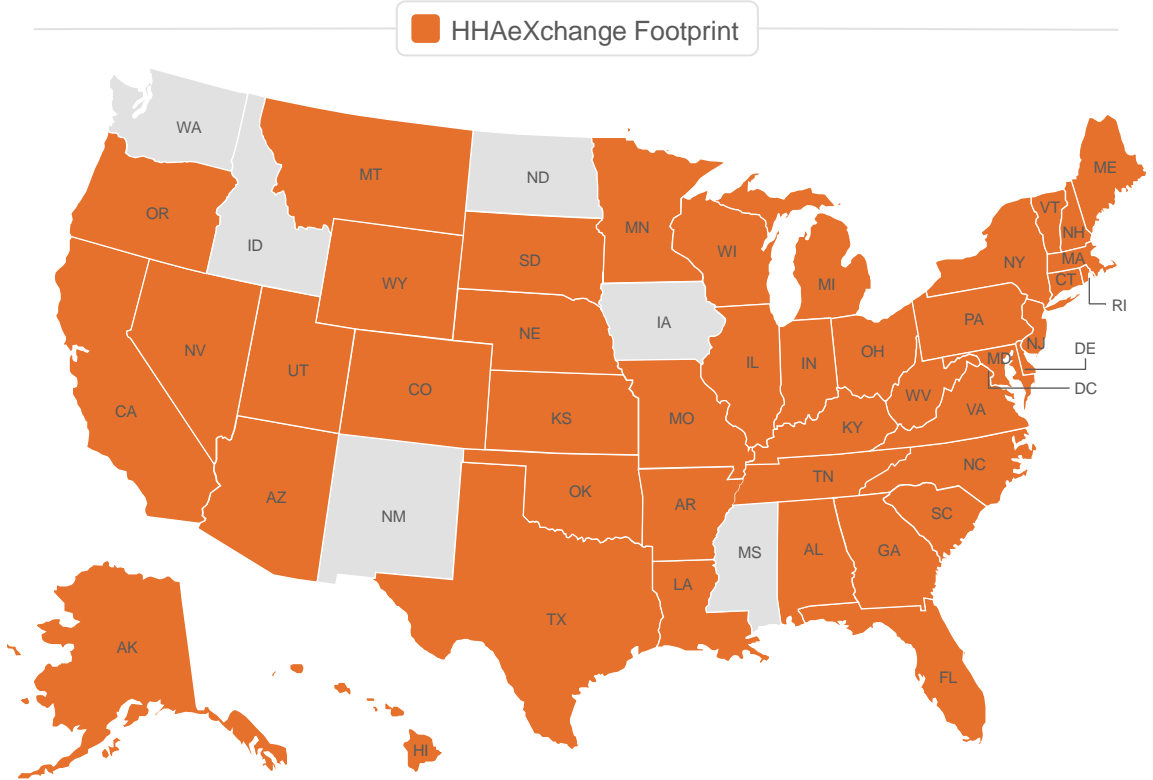
\$18.5B  
Annual Payments  
Managed



675,000+  
Caregivers Working



55,000+  
Back-Office Users



November 2021

# Aetna at a Glance



# An Introduction to Aetna Better Health of New Jersey

- 1/1/15 – ABHNJ Goes Live in 8 Counties
- 8/26/17 – Statewide Expansion in all 21 Counties
- 11/13/18 – Healthcare Central, Newark Storefront Opens\*
- 6/30/20 – Become 4<sup>th</sup> largest MCO in NJ, passing Wellcare
- 10/2020 – 100,000 members served statewide
- 1/1/21 – FIDE SNP “Aetna Assure Premier Plus” Live in 10 Counties
- 1/1/22 – FIDE SNP “Aetna Assure Premier Plus” Statewide (21 Counties)
- 2022 – Open second Healthcare Central site in Camden, NJ (in planning)

## Fastest Growing MCO

Recognized 3 consecutive  
years (Top 50) by NJBIZ

## 1<sup>st</sup> Medicaid Storefront

Launched in  
Newark, NJ



## Who we serve

We are a state-contracted Medicaid managed care health plan for NJ FamilyCare members eligible for:

- Medicaid
- Children’s Health Insurance Program (CHIP)
- Managed Long Term Care Services and Support (MLTSS)
- Dual-eligible (FIDE SNP)



## The Aetna Better Health Difference

*Aetna Better Health of New Jersey’s value-based provider partnership seeks to create a collaborative relationship that achieves improved clinical, quality and financial outcomes, and enhances the life of every member we touch. We help our providers succeed through a strategic and high-personalized approach that improves the health outcomes of our members – their patients.*

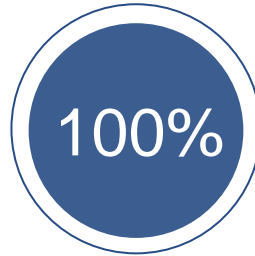


# Aetna Better Health of NJ

## Status of Operational Compliance



**Providers Fully  
Operational  
with EVV**



**EVV  
Compliance**



**Members  
Receiving PCA  
Services**

# The Good, the Bad, and the Ugly: Lessons Learned from Implementing EVV







## The 21<sup>st</sup> Century Cures Act

Passed by Congress in December 2016, the 21st Century Cures Act requires that Personal Care Services visits are confirmed via Electronic Visit Verification (EVV) by January 1, 2021, and **Home Health Care Services by January 1, 2023.**

The six data elements required to be collected to meet the Cures Act EVV requirement





# Moving Past the EVV Mandate: Collaborate for Success



**Expect the  
Unexpected**



**Prepare for  
Change**



**Be an Active  
Stakeholder**



**Communication  
is Key**



## What's Working: Flexibility



- State programs have taken the need for stakeholder input seriously and programs have the flexibility to address stakeholder concerns
- Cures Act deadline delays have allowed for longer runway and more knowledge to be shared
- State programs have had flexibility in designing their program to meet Cures Act requirements
- The Open Model allows providers to use the EVV tools they have already invested in





## What's Not Working: Inconsistency

- Lack of CMS compliance specifications across threshold requirements for billing, authorizations, etc., lead to varying interpretations
- EVV vendor/State/MCO combinations have unique data requirements
- Varying EVV collection tools and who should supply them (ex: state-provided versus BYOD)
- Caregivers have differing levels of technology skills and mobile device adoption, leading to inconsistent adoption across the board



**Takeaway:  
Every State & MCO Is  
Different!**





# Best Practices for Success





## Best Practices for Success

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- Communicate, Communicate, Communicate
  - Communicate EVV participation as part of the contractual responsibilities of providers and ensure regular updates and communications of all polices related to documentation of visits
- Take a Top-Down Approach to Implementation
- Be Available
- Simplify the Requirements





## Building Provider Adoption Through Policy

- EVV programs need to have a clear directive to providers on the consequences of not complying with the EVV program
- Exclusions to EVV compliance must be policy-determined
- Give clear direction on gray areas
  - Ex: Services starting in the home and ending in the community or services that exclude EVV such as live-in



# Aetna Better Health of NJ & HHAeXchange: A Case Study for EVV

## Approach

- Beginning in 2020, the MCO put together an early adoption plan and worked closely with HHAeXchange to onboard providers and help simplify the transition to EVV.
- Implementation led by the CEO – Senior Leadership is Critical!
- Weekly Project Team Calls with EVV Vendor & MCO Implementation Team
- Weekly Provider Webinars & Virtual Office Hours Every Friday for Providers to Speak Directly to the CEO

## Results

- **125** Providers Onboarded
- **1,524** Active Members
- **100%** EVV Compliance Rate

## EARLY ADOPTION STRATEGY



Create Internal Team of

- ✓ An EVV Champion
- ✓ LTSS Leaders
- ✓ Provider Network Leaders
- ✓ IT Leaders



Communicate Often and in  
Multiple Channels

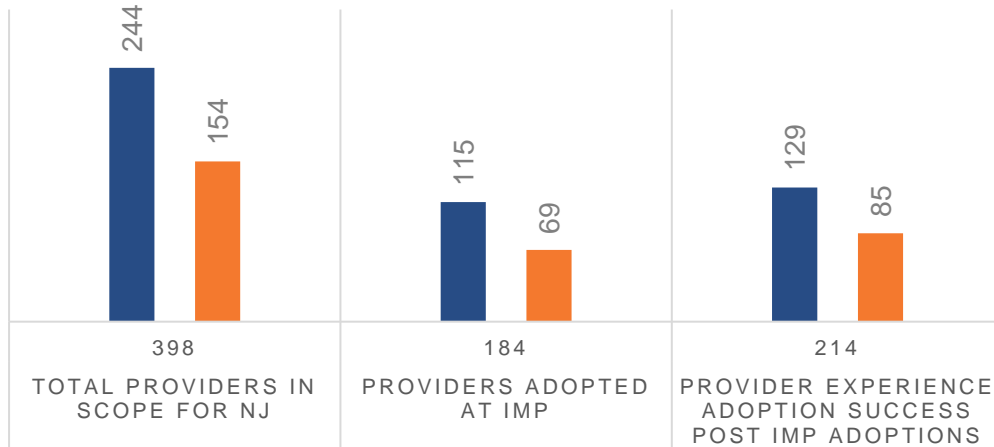
- ✓ Info Sessions
- ✓ Webinars
- ✓ Emails
- ✓ One-on-One Outreach



## NJ Adoption Status

### NJ EXCEL-ARATION ADOPTION PROGRAM

■ HHAX ■ EDI



- 398 providers in scope for EVV with active census
- 184 providers adopted during implementation
- 214 adopted post-implementation

# Opportunities for Innovation





## How EVV Can Help States, Plans, and Providers

- **Drive Business to High-Performing Providers**
  - Identify providers with highest percentage of EVV compliant visits
  - New placements to providers with highest percentage
  - Higher Quality = Better Pay
- **Tie In Value-Based Payments**
  - Higher EVV compliance percentages indicate evidence of services rendered
  - Missed Visit component of EVV reporting
  - Opportunity to collect additional member-based data to track outcomes
- **Weed Out the Bad Apples**
  - Lack of compliance indicates higher risk of services not being provided
  - Payers are starting to use EVV data to audit providers with high percentage of manual visits

# Going Forward- What States & Plans Need to Consider





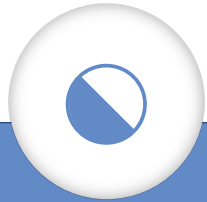
# The Future Environment

## How Will The Future EVV Environment Impact Your Plan? Your Members?

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**Manage  
Costs**



**Understand Risks  
& Compliance**



**Track  
Member  
Outcomes**



**Accelerate  
Capacity for  
Growth**

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Questions?



# Contact Us

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