IMPLEMENTING ELECTRONIC VISIT VERIFICATION:

What Agencies Need to Know

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Regulation Overview

Electronic visit verification (EVV) is imminent for agencies who provide Medicaid-funded services in the home. The 21st Century Cures Act requires the use of EVV for all Medicaid personal care services (PCS) by January 1, 2020, and for home health care services (HHCS) by January 1, 2023, however states may opt for earlier compliance if they choose. Although the H.R. 6042 bill signed in July 2018 extended the original January 1, 2019 PCS federal deadline by one year, no further legislative delay is on the horizon and service providers must prepare accordingly. Despite the fact that individual providers cannot affect deadlines, the Centers for Medicare and Medicaid Services (CMS) included a provision in the Cures act to allow states that encounter unavoidable delays in their EVV implementation to apply for a "good faith effort exemption" through November 30, 2019. In states where the exemption request is approved, CMS allows an additional year to continue implementation efforts without incurring a reduction in federal medical assistance percentage (FMAP) funding. To date, all but three states have applied for the good faith exemption and, although some requests are still pending, up to this point CMS has not yet denied any requests.

CMS has mandated electronic visit verification to reduce fraud and ensure that services are delivered. Electronic Visit Verification requires that services provided in the home be documented electronically, most commonly via a mobile device, to verify that the visit has taken place. In addition to reducing fraud, EVV decreases the administrative burden on caregivers, supports caregiver safety, and most importantly, protects the patient by ensuring that all services they are entitled to are delivered.

The federal mandate clearly states the six elements of in-home services for which EVV data must be collected:

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of service delivery;
- Individual providing the service;
- Time the service begins and ends

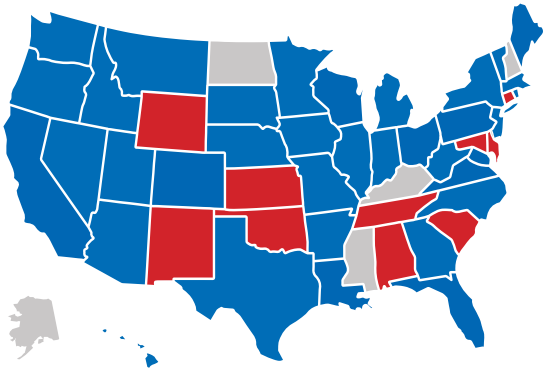
States lead their own EVV implementation and have freedom to choose their own model, set timelines for their providers and expand requirements beyond the federal mandate. Some states have gone beyond the federal requirements by including additional services under the EVV mandate, accelerating the federal deadline, or requiring incremental data elements.

The vast majority of states favor an open model, which allows healthcare providers to choose their own EVV technology solution to capture visit information and send data to the state or managed care organization (MCO) that mandates it. Many states are adopting a "hybrid" technology solution which means that the state offers a basic set of EVV functionality, but also allows providers the choice to use any solution that can capture the correct data and relay it to the state or MCO. Typically, open states implement a data aggregator for EVV oversight, which is a single place to match EVV visit data with claims information.

Fewer than 10 states have implemented a closed model, which requires health care providers to use only the state-provided EVV solution. The majority of closed states were implemented prior to the Cures Act, and several are moving to an open model implementation because it increases flexibility and reduces burden for providers. A handful of states are still undecided on an EVV model and their implementation guidance remains pending.

Fundamentals of Compliance

Despite the fast-approaching deadline, many agencies are not yet prepared. The first step for an agency is to determine whether they are affected by the EVV mandate by examining two criteria: whether they provide services that are covered by the EVV mandate in their state, and whether those services are billed to Medicaid.



UNDECIDED STATES

CLOSED STATES
Providers must use the state-mandated EVV solution.

OPEN STATES
Providers can choose an EVV solution, as long as it captures compliant data and relays correctly to the state or MCO that requires it.

The next step for those providers that are not yet in compliance is to determine whether their states operate under an open or closed EVV model. Multi-state providers must understand and abide by the models and requirements for each state in which they operate.

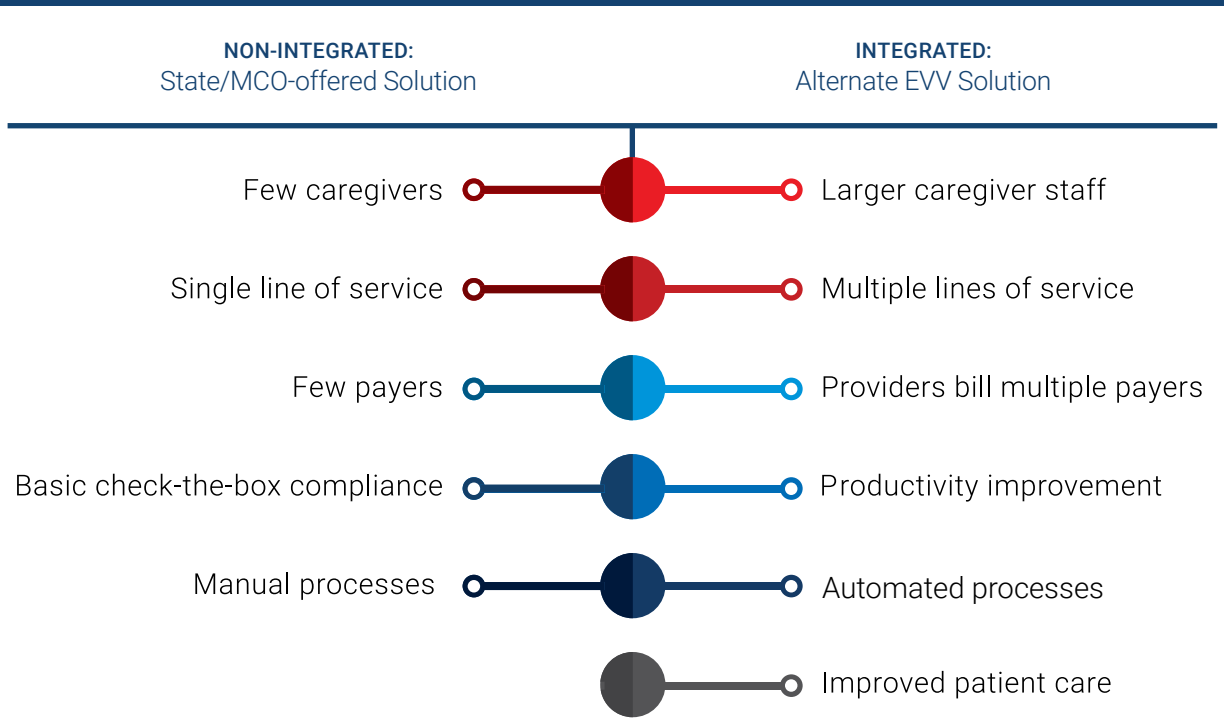
Although closed states prescribe the technology solution that agencies must use for EVV, the majority of states have adopted an open model which allows agencies to choose their own solution for compliance. Providers in open states must decide whether to use the state-offered EVV system or choose an alternate EVV solution to best meet their needs. There are some differences in functionality of state-offered systems and alternate EVV solutions. However, the primary distinction is that state solutions are "non-integrated" with existing agency operations, meaning that they simply provide stand-alone EVV capability for documenting the visit. In contrast, many alternate EVV solutions are "integrated" which means they work in conjunction with the existing technology, such as an electronic health record (EHR) system, already deployed in many agencies. For providers to choose whether an integrated or non-integrated solution is optimal for their agency, there are many factors to consider such as staff size, quantity of service lines delivered, number of payors, and whether or not an EMR or EHR solution is in place or expected to be deployed.

Providers who choose to rely on the state or MCO-offered solution are opting for a non-integrated system, which typically is not connected to their electronic medical record (EMR) solution. Non-integrated solutions can provide basic "check the box" compliance for providers that employ only a few caregivers and where manual data entry is not burdensome. This option tends to be more viable for smaller providers who work with a single payor than for larger or multi-state providers that bill to multiple payors. Although these non-integrated solutions are typically offered by the state at no cost, the savings can be offset quickly by the administrative burden of manually managing multiple systems that do not work together.

Integrated EVV solutions are more effective for organizations that employ a larger staff of caregivers, manage multiple lines of service, or bill multiple payers. Flexible EVV solutions which are highly interoperable work seamlessly with the Electronic Medical Record (EMR) system already in use by many providers and can relay required data to all open states and MCOs. Agencies that operate in more than one state face the complexity of complying with multiple unique regulations and data requirements. Alternate EVV solutions can provide those agencies the option of using one solution to meet all requirements for each open state and MCO, versus having to manage multiple unique different non-integrated solutions for each state where they do business. Deploying an integrated EVV solution can help agencies with inherent operational complexity to comply with the EVV mandate more efficiently, and, for example, avoid having to train caregivers on multiple mobile solutions or monitor visits in multiple systems.

When choosing a solution, agencies should carefully consider the current and future requirements of their complete point-of-care system and examine potential changes to billing or claims submission. For example, agencies who plan to expand rapidly by opening a new office or completing an acquisition must consider the complexity in their operation today as well as the additional requirements that come from having multiple back end systems, or an expanded staff of caregivers. In many cases, an integrated system can provide the best return on investment, because providers realize ongoing cost savings across their operation which more than offset the acquisition of the technology solution.

WHEN TO CHOOSE AN integrated vs. non-integrated EVV solution



Implementing EVV

REQUIREMENTS AND TIMELINES VARY ACROSS STATES

The 21st Century Cures Act establishes EVV implementation guidelines, however, states have the latitude to release their own guidance as long as it meets or exceeds the federal guidelines. As a result, EVV implementation varies widely state to state, with unique timelines for rollout, diverse lists of services affected and different methods to oversee compliance.

Providers must understand the specific requirements in each state they operate in and partner with a vendor that can help them comply. First, providers must examine the list of EVV-mandated Medicaid waivers in each state to determine whether they deliver services that are subject to the mandate. Second, providers must understand the required timeline for each state, which can be sooner than the federal deadline or later, if the state files a good faith exemption with CMS. Third, providers must be prepared to both collect EVV data and relay required information to the state or MCO that mandates it. Most commonly, states oversee provider EVV adoption by using an aggregator, which is a technology solution that receives EVV visit information and matches that with claims data. Other states choose to monitor via audit, and still others layer on changes to billing requirements.

DATA REQUIREMENTS ARE UNIQUE BY STATE AND MCO

The Cures Act sets basic requirements for EVV data, but often more is required during implementation.

"There's additional information many states and managed care organizations are starting to ask for beyond the original six data elements included in the federal mandate," says Andy Kaboff, Founder and CEO of CellTrak, and a leading expert in EVV.

For example, states might require task detail for visits, or unique caregiver identifiers such as National Provider Identifiers (NPI) numbers or state-specific staff identifiers. Providers must be prepared to collect all required information and relay that data, in the right format, often in real-time, to the state or MCO that mandates it.

"That's going to be extremely important because there's going to come a point in time when claims will be denied if there is no EVV information," Kaboff says.

States may also require multiple methods for data collection. Capturing GPS coordinates via a mobile device is often the primary method for collection, but EVV vendors must also offer backup methods such as Interactive Voice Response (IVR) and manual entry to cover all situations. In addition, leading EVV solutions have built mobile technology which can capture visit information regardless of cellular coverage.

INTEROPERABILITY IS KEY

Providers are responsible for two things with respect to EVV compliance: collecting compliant data and relaying that data to the state or MCO that mandates it. Different requirements by state make it particularly complex for providers who operate across multiple states to comply. Rather than implementing different solutions by state, these large providers can benefit from a single solution that is highly interoperable and can meet the EVV requirements in any open state. With a single integrated solution, providers can drive consistency across operations, train caregivers on a single mobile application and support one EVV solution versus multiple state offered solutions.

"A highly interoperable solution can seamlessly work with the providers' existing EMR system and collect and relay correct, compliant data in real time to the states and MCOs who mandate it," says Neal Reizer, Senior Vice President of Product Management at Homecare Homebase. "For large providers working in many states and potentially having more than one back-office system, interoperability is key."

PROVIDERS SHOULD PROACTIVELY PROVIDE FEEDBACK ON EVV IMPLEMENTATION

CMS regulations require states to engage stakeholders throughout EVV implementation. Providers should feel empowered to take an active role in their states and provide the needed feedback to ensure regulators understand how changes affect their operations and most importantly their ability to care for patients. Many states are offering webinars, forums and dedicated phone and email contacts to monitor implementation and solicit ongoing feedback from agencies, caregivers, and patients.

"EVV gives providers an excellent opportunity to be proactive – to work together with their state, and potentially national associations to make sure that regulatory bodies have insight into the operational impacts and challenges that providers face in the wake of these types of programs," Reizer says.

Regulators have demonstrated a willingness to adjust implementation approach based on feedback from stakeholders such as providers, advocacy groups, and state associations.

"Even if regulators don't make all requested changes, they do listen to feedback," Kaboff says. For example, several states have surveyed provider readiness and, based on feedback, extended the grace period prior to claims denial.

Benefits Beyond Compliance

Some states are implementing EVV for both personal care services and home health services together, in which case providers are required to address EVV immediately. Other states have aligned implementation timing with the federal guidance, which means that home health providers could have the option to delay implementation until January 1, 2023. However, EVV yields benefit beyond compliance and should be considered in advance of the implementation deadline.

EVV can improve efficiency within the agency, generating savings on time and mileage costs and improving staff productivity. For example, EVV solutions can provide caregivers turn-by-turn directions to a new client so they take the most direct route to the location. In addition, schedules, tasks, and other important information is available right on the mobile device, enabling caregivers to spend less time documenting services and more time with the patient.

EVV can also help agencies improve communication and engagement with an increasingly decentralized workforce. Real-time messaging enables supervisors to reach out to their team to communicate available shifts, or to support them during an emergency. In addition, administrators can see the location of all caregivers in order to more closely monitor caregiver safety.

Most importantly, EVV supports better patient care. Being able to electronically monitor field care helps administrators prevent missed visits in the field. Armed with real-time information, caregivers can have the knowledge they need to provide all required services, and quickly identify any additional services needed. And, caregivers can document any changes in the patient's condition to be shared with nursing staff who might modify the care plan in response.

Preparing Now for EVV

Waiting until the last minute to adopt an EVV solution could render providers vulnerable to non-compliance and claims denial. Getting a jump on the deadline affords adequate time to train employees on EVV, test system operations, communicate with regulators and vendors regarding questions and make any necessary adjustments. Advance work with EMR and EVV vendors helps agencies be ready to collect the right data and relay that information as soon as their state mandate takes effect. And, the sooner a provider implements EVV, the sooner they begin to reap the benefits.

PREPARING NOW FOR EVV (CONTINUED)

"Plus, if the Personal Care Services transition on January 1, 2020, goes smoothly, we may see states actually looking to implement EVV in home health even sooner than 2023," Kaboff says. "Why wait?"

There are many reasons to adopt EVV in advance of your federal and state deadlines. If you are seeking an integrated compliance solution, contact Homecare Homebase for more information.

REASONS FOR EARLY COMPLIANCE WITH EVV, AHEAD OF REQUIRED IMPLEMENTATION DATE:

- Increase productivity of field staff
- Reduce administrative burden on caregivers
- Strengthen communication with caregivers
- Reduce risk of claims denial
- Improve patient care, ensuring patients receive all services they are entitled to

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