



# Electronic Visit Verification: What Home Health Care Providers Need to Know in 2018

SPONSORED BY



[info@homehealthcarenews.com](mailto:info@homehealthcarenews.com) | 312.268.2420



# Electronic Visit Verification: What Home Care Providers Need to Know in 2018

Home care providers across the country are investing time and money into electronic visit verification (EVV) systems, to meet a federal mandate that takes effect on January 1, 2019.

The basic concept of EVV is simple: having electronic systems to log caregiver visits. It is one component of the 21st Century Act—the overarching legislation that set EVV requirements—that provides an opportunity for in-home care providers to improve their business. Agencies must have an EVV system in place for all Medicaid-funded Personal Care Services (PCS) by January 2019. EVV for Home Health Care Services (HHCS) must be in place by January 2023.

This white paper provides an overview of EVV requirements and an update on the state of play in 2018. It will cover differences in the “open” versus “closed” systems at the state level and will shine a light on how one major provider is tackling EVV implementation.

## What does the 21st Century Cures Act require?

The 21st Century Cures Act was signed into law in December 2016. The law directed states to implement EVV requirements for Medicaid home care providers by January 1, 2019. States that fail to meet that deadline will face a steadily increasing penalty reducing federal reimbursement.

### **To be in compliance with the Cures Act, an EVV system must electronically verify:**

- **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.

"If the state permits them, there are different ways states may meet EVV requirements. Agencies in turn may use mobile apps, devices in the home, or landlines," CellTrak CEO Mark Battaglia says. "And, within each category, there are meaningful differences based on each [technology] supplier's offering."

Early rollouts suggest that the types of EVV technologies and product offerings matter. For example, in Ohio, the state sent devices for a state-selected system directly to home recipients. A number of these consumers expressed their concern, [around the devices' GPS-tracking element](#).. The lesson: make sure your EVV solution requires providers, not the beneficiaries, to perform service verification.

"A solution needs to protect beneficiary privacy and give flexibility to deliver care at any eligible location," Battaglia says.

### Closed model

States mandate a specific solution or provider

### Open model

Providers may choose their own EVV system from those certified by the state. In this model, the state selects an aggregator to collect the data from provider agencies in the state.

## Different states select different models: closed v. open

In addition to determining the types of approved EVV solutions, states also choose whether they adopt an open or closed model.

At this point, some states have not yet determined their approach to coming into compliance with the EVV requirements.

As of early February, seven states had implemented an open model, according to the Partnership for Medicaid Home-Based Care, an advocacy organization that has been focused on EVV:

**New York, Ohio, Illinois, Missouri, Louisiana, Texas and Washington.**

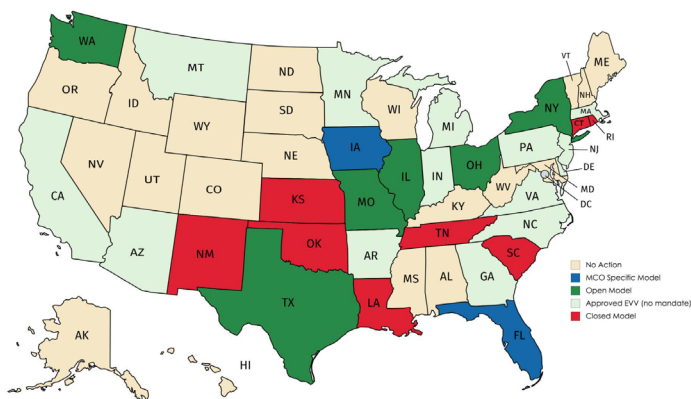
Eight states had a closed model:

**Rhode Island, Connecticut, South Carolina, Tennessee, Alabama, Kansas, Oklahoma and New Mexico.**

Many other states had not taken action yet, or had a different type of arrangement, such as states that tasked managed care organizations (MCOs) with choosing which EVV systems providers would have to use. Florida is an example of an MCO-driven model.



Electronic Visit Verification Mandates



Mandates are shown as of March, 2018





States that are in the decision process and many of those that have decided their approach to EVV are consistently opting for an open system allowing home care agencies to select their own EVV provider. Believing that an open model creates competition on the basis of cost, quality, flexibility and innovation, the open model is preferred by numerous trade associations representing home care agencies including the National Association for Home Care and Hospice (NAHC), Partnership for Medicaid Home-Based Care, The Home Care Association of America, Council of State Home Care Associations as well as large and smaller home care provider companies already using EVV in their operations.

“There’s little doubt that the ‘open’ approach is best for the industry, in terms of care provided, the effects on providers as businesses, and the likelihood of successful implementations by year-end,” CellTrak’s Battaglia says.

## What are providers doing now to meet requirements?

Frisco, Texas-based Addus HomeCare (Nasdaq: ADUS) is one of the largest providers of Medicaid-reimbursed home care services in the nation. Darby Anderson, Executive Vice President and Chief Development Officer of Addus, notes that the company is rolling out an EVV solution in the 24 states in which Addus operates.

Although some big questions remain about the specifics of the EVV mandate, many providers—including Addus—have already taken steps to implement this technology, both to ensure they will be compliant as of Jan. 1, 2019 and to tap into the business benefits of a robust platform.

In addition to acting early, providers are advocating for open models.

"The best example is Ohio, where the state was headed toward a closed model, and the state of Ohio Association for Home Care did a great job of advocating and educating the state that the world is moving away from the closed model," says Anderson, who also serves as the first Vice Chair of the Partnership for Medicaid Home-Based Care Providers.

Agencies that are proactive in planning for EVV requirements will see more benefits than those waiting for state action, according to Battaglia.

"Adopting early gives agencies the opportunity to implement an EVV solution that improves productivity for the provider and ensures the quality of care for the beneficiary without restricting access to services," he says.

## The benefits of an open model – more than just meeting EVV requirements

The advantages of an open model are:

**Business Efficiency:** Providers that use solutions like CellTrak benefit from better care delivery, increased client satisfaction, and improved productivity. In addition, providers that operate in multiple states benefit in an open model because they can potentially have a single, enterprise-wide EVV solution rather than a patchwork of state-mandated systems.

"We know when scheduled care isn't being delivered: it pops right up on the CellTrak console," Anderson says.

"Before CellTrak, if the customer didn't call in to say my aide didn't show up, we didn't know until the timesheet wasn't submitted. That isn't good customer service."

**Additional Features Suited to Agency Needs:** Mobile provides the opportunity to capture health data. A state-mandated EVV system might have limited functionality, and in some cases, the data it collects might not be shared with providers. By partnering with a vendor of their choice in an open model, a home care provider can utilize a system that goes beyond EVV, and can ensure that it derives the greatest benefits possible from the data capture and analysis.

"With a top tier mobile offering, the agency not only complies with the EVV mandate, it realizes significant value because of the additional capabilities, which have positive effects at the point-of-care and the office, improve care coordination, lower costs and increase productivity," Battaglia says.

### Additional benefits of an open model:

- Allows providers to select the EVV system that works best for them
- Allows providers to manage the implementation and technology at the consumer point of care
- Promotes innovation and competition on quality as technology advances

Source: Partnership for Medicaid Home-Based Care

**Innovation Incentives:** The Open model encourages continuous innovation both as home care agencies look to improve their patient care, capture new health data, improve communications with direct care staff or implement new efficiencies. An Open model also relieves the state from having to continuously maintain and update their single offering.

“In an open system, innovation can happen all the time,” Anderson says. “By choosing a vendor, providers can design and improve a system and differentiate themselves in areas of quality, customer service, employee relations or cost. In a closed system, you can’t innovate because the whole system of providers must use the mandated EVV system as procured by the state or MCO.”

### 3 tips for smooth EVV implementation:

#### 1. Plan for your rollout

In Addus’ experience, implementing EVV technology is not burdensome. Part of the reason is they prioritized usability in their system selection, and aides are increasingly tech-savvy, Anderson notes, so training is not difficult.

Another part of the ease of implementation dealt with identifying and addressing adoption blockers before they become an issue. As with other tech implementations, getting buy-in from the home care aides who will be using the system on a daily basis is essential. One tip from Addus: Keep in mind that if EVV replaces paper timesheets, this is changing the process by which aides get paid.

“If you’re a home care aide, you need your paychecks timely, accurate, and in full,” Anderson says. “In moving off of paper timesheets to EVV where now I push these buttons and it goes into the Internet world and translates into my paycheck, requires a leap of faith.”

Addus’ workflows improved when the company began sending confirmation messages to aides, alerting them that their electronic submissions had gone through. This cut down on aides placing follow-up calls to the office.



“In an open system, innovation can happen all the time. By choosing a vendor, providers can design and improve a system and differentiate themselves in areas of quality, customer service, employee relations or cost. In a closed system, you can’t innovate because the whole system of providers must use the mandated EVV system as procured by the state or MCO.”



**– Darby Anderson**

Executive Vice President and Chief  
Development Officer at Addus



## **2. Be wary of “free” solutions mandated by the state**

A state-mandated system ultimately collects (and shares) the data that the state needs, using only the features that a state determines are required for you and all of the other agencies that operate in your state to collect that data. Partnering with your EVV vendor of choice enables you to anticipate expensive shortcomings with a state-mandated system.

## **3. Be proactive in your approach to improve your competitiveness**

By taking control of your readiness for EVV, you get a jump on all of the agencies that wait until your state(s) work out their approach. You have an opportunity to further distinguish your own services, distancing you from your competitors. For example, if you provide self-directed services, the CMS states that your agency needs specific features like the ability to verify a service at multiple approved locations.

## What to do in 2018?

In the next several months, Addus and other providers across the country will be learning these types of implementation lessons as they roll out systems. Having a closely collaborative relationship with an EVV vendor helps iron out wrinkles and ensure the technology is customized as much as possible for the needs of a particular home care agency.

In addition, providers should be keeping close watch on what is happening in states where they operate, to keep tabs on the specific compliance requirements for EVV. State associations are one good source of up-to-date information. Agencies can also work with their associations to keep advocating for policies, such as open model platforms, that best serve the interests of their businesses and their clients.



“For organizations that provide Medicaid-funded personal care services and home health care services, EVV is a requirement, not an option,” says Battaglia. “Agencies must comply with what each state decides. We’ll continue to advocate open models and work with agencies to ensure that EVV implementations go beyond EVV requirements to improve care while operating more efficiently.”

Addus, which has utilized EVV since 2010 and—as of April 2017—has EVV deployed with 70% of their caregivers across 13 states, echoes Battaglia’s point.

“There are a lot of benefits to real-time capture of service delivery information. The benefits of EVV go well beyond just avoidance of fraud and abuse,” Anderson says. “People who think they eliminate all of their fraud and abuse problems simply by implementing EVV are mistaken. While it is a significant tool it is not a panacea. Again the innovation benefits of an open model will lead to advances in EVV technology to better combat instances of fraud and abuse.”

“

There are a lot of benefits to real-time capture of service delivery information. The benefits of EVV go well beyond just avoidance of fraud and abuse.

”

**– Darby Anderson**

Executive Vice President and Chief  
Development Officer at Addus





PHONE

877-240-0467

EMAIL

[sales@celltrak.com](mailto:sales@celltrak.com)

WEBSITE

[www.celltrak.com](http://www.celltrak.com)

