

ELECTRONIC VISIT VERIFICATION (EVV) IMPLEMENTATION APPROACHES

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Introduction

EVV implementation as required by the 21st Century Cures Act is a massive and complicated undertaking with many moving parts.

As a federally mandated effort, Electronic Visit Verification (EVV) implementation will impact thousands of entities, from small community-based provider organizations, to multi-state managed care organizations (MCOs) that serve millions of members, in addition to millions of personal care workers. EVV implementation will involve stakeholders at every level of the complex long-term services and supports (LTSS) system.

EVV is fundamentally the implementation of a technology-based solution, which requires significant research, resources, testing, time, and iterations to guarantee success. Technology implementations are challenging: even international industry leaders in technology routinely experience difficulty in large-scale hardware and software implementation. The potential for failed first approaches and subsequent re-boots is real, and have occurred in more than one state that implemented an EVV solution in the past.

States, MCOs, and provider agencies are starting from different places, with unique past experiences and program designs, varied local priorities, and competing interests. The number of interconnected relationships among stakeholders is challenging to quantify and even more difficult to explain to recipients, members, and their caregivers. For example, a single MCO may be present in four states serving more than one program in a state. Programs may be involved with more than one provider, and a member could receive support from three workers, who may be employed by more than one provider agency. Because of this complexity, attempts to “standardize” a solution are likely to create undue hardship for at least one stakeholder group.

Although there have been published deadlines since December 2016, stakeholders are still waiting for additional guidelines and requested clarifications from The Centers for Medicare and Medicaid Services (CMS). The possibility of financial penalties has driven many states to begin their implementation process with key questions still unanswered.

Given the nature of EVV implementation and the current status of efforts, we believe that self direction is at risk of getting lost in the shuffle. Applied Self Direction is committed to remain engaged in the conversation as a strong voice for self direction. We will continue to track as much of the “big picture” as possible and work with our Members to ensure that EVV systems that are implemented honor participant choice and control.

EVV will likely affect every Medicaid beneficiary receiving personal care and home health services. The ultimate financial impact on providers and states is unknown. Applied Self

Direction encourages stakeholders to stay engaged in the current discussion and take advantage of opportunities to offer their input.

An Overview of Potential Implementation Approaches

One of the early decisions states will make is to determine if and how EVV vendors will be selected. Applied Self Direction has gathered information from a wide range of sources related to implementation approaches, as described below. Most of the current experience with EVV is based on traditional personal care services and home health care services, rather than self-directed services. States who have implemented EVV have required implementation for a wide range of services including traditional personal care, home health, and other Home and Community-Based Services (HCBS). In some states, this may have included self-directed services, including those using the Fiscal/Employer Agent model of Financial Management Services (FMS) designed so that the participant serves as the Common Law Employer of workers. The following overview describes several possible approaches:

State Defines EVV System Requirements and Providers Choose Their Own System

Perhaps the most straightforward approach a state could take is to define the EVV system requirements for the state and let providers choose whatever system they want to use as long as it meets the requirements. In this scenario, provider agencies might need to self-fund the implementation of the EVV system, but could choose a system that best meets their needs.

State Determines a List of Approved Vendors and Providers Choose from the List

Another option a state might consider is to create a list of approved vendors based on each state's requirements. Providers would then have the option to choose from a number of vendors that have been approved by the state and could still have the ability to choose a system that accommodates established workflows.

State Delegates EVV Vendor Selection to MCO(s)

In states in which Medicaid LTSS are provided solely via MCOs, a state may decide to require the MCO(s) to select an EVV vendor, including, perhaps, self-funding the implementation of the EVV system. The state would develop a list of system requirements that any EVV vendor selected by the MCO must meet.

State Selects Single EVV Vendor and Requires Providers to Use Selected Vendor

One option for a state would be to select a single EVV vendor to be used by all providers affected by the Cures Act requirement for EVV. States taking this approach would be eligible for a federal match for 90% of the cost of purchasing and implementing the system. States using the single EVV vendor model also qualify for an enhanced match of 75% for ongoing operational costs.

State Develops In-House EVV System and Requires Providers to Use In-House System

A state may also decide to develop their own EVV system internally, which they would run and manage. Contractors could be used to assist in building the system, but the state would directly

manage and oversee the system. The development of an in-house system would also qualify for the federal match for development and ongoing operation.

State Selects Single EVV Vendor and Allows Providers to Choose an Alternative

In this scenario, states would contract with a single EVV vendor or develop their own system internally in order to meet the requirements for federal match. In addition, states would also allow providers to use other vendors if they meet the state standards and requirements.

Questions Moving Forward

Many states have begun to address EVV implementation, sometimes through a process of stakeholder engagement. The 21st Century Cures Act requires states to engage with agencies providing personal care services to make sure that any system is “minimally burdensome” and “takes into account existing best practices and electronic visit verification systems in use in the State.” The law also requires that the process includes input from individuals receiving services. Additional guidance related to implementation is expected from CMS; however, it is unknown when these guidelines will be available. Nevertheless, provider organizations will want to formulate questions now and prepare to stay engaged in the months ahead. Some suggested areas for consideration:

Federally Mandated Stakeholder Engagement Process

The 21st Century Cures Act requires that states have a stakeholder engagement process as part of their EVV implementation. What plans are in place for stakeholder engagement? Will people have options for participation in addition to physically attending a meeting? Will more than one opportunity be available to attend, either in person or remotely? How will service recipients be included? Will at least one session be held at a time that would not require service recipients to take time off from work? What accommodations have been considered for service recipients whose primary language is not English? What is the communication plan for announcing opportunities to provide input? Do plans specifically include people involved in self-directed services?

Review of Current Provider Use of Electronic Service Delivery Documentation

How many providers of personal care services have already implemented a system similar or equivalent to EVV? Does the state have reliable information about effectiveness of implemented systems? Is there data that supports efficiencies and cost effectiveness? Is there data to suggest that implemented systems support both prevention and detection of fraudulent billing? Have current FMS providers implemented EVV? How has EVV impacted self direction?

Review of State-Required EVV Implementation

If the state has already implemented EVV for some of its programs, has the state considered or completed a review of the current status? What has been the feedback from service providers? From service recipients? Have problems been addressed in a timely manner? Does the data support EVV as a deterrent to fraudulent billing? How has the state documented realized

efficiencies and cost savings? What are the plans for bringing additional programs and services into EVV?

Transitioning to a Different EVV System

What is the potential impact when a recipient transfers from one service provider to another if the providers use different EVV systems? Do all vendors have training protocols in place to address retraining for new participants and their workers? Are safeguards in place to prevent disruption of services and delays in payment to workers and provider organizations?

Managed Care Organizations

If multiple MCOs are operating in a state, what will happen if a member elects a different MCO that uses a different EVV system? What safeguards are in place to prevent disruption of services and delays in payment to workers and provider organizations? What steps can be taken to minimize administrative burden on providers who have contracted with multiple MCOs and must use multiple EVV systems? Can a joint EVV workgroup with MCOs and providers be established?

Assessment of Technology Needs

Has the state initiated or completed an assessment of access to specific technology required by any EVV system under consideration? How many potential recipients and workers do not have reliable internet or cell phone access? What is the plan for remote or rural areas that lack reliable coverage? If the EVV system under consideration uses specific hardware, who will pay for it? How will the replacement cost of lost or damaged hardware be handled?

Next Steps

Applied Self Direction will continue to monitor the federally mandated implementation of EVV in the months ahead. Our goal is to provide members with additional resources and useful information to ensure that the unique features of self-directed supports are acknowledged and accommodated as implementation moves forward.