West Virginia Department of Health and Human Resources' Bureau for Medical Services

Home and Community-Based Services' Electronic Visit Verification (EVV) Initial Stakeholders' Meeting

June 27, 2018




WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR
MEDICAL SERVICES

Agenda

- Introductions
- Welcome
- Take Me Home, West Virginia
- Survey Results
  - 21st Century Cures Act
  - 21st Century Cures Act Requirements
  - Impact on the State
  - EVV Models
- EVV Model Selection Considerations
- Next Steps
- Questions

Evaluation Link was sent prior to this session

Introductions

- Department of Health and Human Resources
  - Bureau for Medical Services (BMS)
  - Management Information Systems (MIS)
  - BerryDunn
- Providers
- Members
- Other Stakeholders
  - 57 providers/agencies (71%)
  - 16 state or state contractors (20%)
  - 7 members or family of members (9%)

Welcome

- Purpose of the meeting
  - To get stakeholders involved in the process of designing the upcoming EVV system
- Logistics
- Overview of today's schedule

- This session will be recorded.

Take Me Home, West Virginia

- The development and implementation of the West Virginia EVV System is supported in part with rebalancing funds of the Take Me Home, West Virginia. Take Me Home, West Virginia is a Money Follows the Person Rebalancing Demonstration Grant (West Virginia Department of Health and Human Resources Grant Number 1LICMS330830) from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS).

Survey Results

- On May 1, 2018, BMS sent out a survey to all of the participating Stakeholders to ensure meetings are productive and informative.
- A total of 41 individuals responded to the survey and the majority of responders (90%) indicated they are familiar with the Cures Act.
- Today's presentation is based on the responses provided.

Survey Results: Topics of Interest

- EVV technology solution options that comply with the Cures Act = 98%
- The impact EVV will have on the provider's cost to deliver services = 88%
- An overview about the Cures Act, its EVV system requirements and impact on the state = 76%
- Additional benefits that EVV systems can provide beyond Cures Act compliance = 59%

Survey Results: Topics of Interest (Cont.)

- The enhanced Federal Medicare Assistance Percentage (FMAP) described in the Cures Act = 59%
- EVV system best practices = 59%
- Additional services that could benefit from EVV systems = 46%
- Efficiencies afforded to stakeholders from EVV systems implementation = 20%
- Other topics = 7%
  - Cost for training and equipment
  - Continued use of provider's current system

Survey Results: Today's Topics

- Based on your responses, we will discuss an overview on the following:
  - 21st Century Cures Act
  - 21st Century Cures Act Requirements
  - Impact on the State
  - EVV Models

21st Century Cures Act

On December 13, 2016, the 21st Century Cures Act (Cures Act) was enacted into law.

- The Cures Act is designed to improve the quality of care provided to individuals through further research, enhanced quality control and strengthened mental health parity.
- EVV applies to services rendered in the home and in the community under Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

21st Century Cures Act (Cont.)

Section 12006 of the Cures Act requires states to implement an EVV system for:

- Personal Care Services (PCS) by January 1, 2019. PCS is defined as any hands-on direct care services, such as those provided in any of the following waiver programs:
  - Aged and Disabled Waiver (ADW)
  - Traumatic Brain Injury (TBI) Waiver
  - Intellectual/Developmental Disabilities Waiver (IDDW)
  - State Plan Personal Care Program

21st Century Cures Act (Cont.)

Section 12006 of the Cures Act requires states to implement an EVV system for:

- Home Health Care Services (HHCS) will be added by January 1, 2023. HHCS is defined as any in-home visit for any of the following programs:
  - Home Health Services
  - Private Duty Nursing
  - Hospice Care

21st Century Cures Act (Cont.)

EVV is required when an in-home visit occurs by a provider that includes:

- Personal care home health service, even if the service has a different name.
- Services supporting ADL such as movement, bathing, dressing, toileting and personal hygiene.
- Services supporting IADL such as meal preparation, money management, shopping and telephone use.
- A medical supply set-up.

21st Century Cures Act (Cont.)

EVV does not require:

- Capturing each location as the individual is moving throughout the community.
- The exclusive use of global positioning services (GPS) to verify location.

EVV is not required when services are provided without an in-home visit such as:

- Personal care services that do not require an in-home visit and those provided in congregate 24-hour residential settings, hospitals, nursing facilities, intermediate care facilities for individuals with intellectual disabilities and institutions for mental diseases.
- Medical supply delivered through the mail or picked up at the pharmacy.

21st Century Cures Act (Cont.)

The EVV system must electronically verify the following:

- Date of service
- Location of service
- Individual providing service
- Type of services
- Individual receiving service
- Time the service begins and ends

Impact on the State

- The state may be eligible for 90% federal match of state funds for planning, designing, implementing, acquiring software, installation, configuration and integration of the system.
- The state may also be eligible for 75% federal match of state funds for operation, maintenance and any associated upgrades/modifications to customization of the system.
- Federal match of state funds is NOT available for state expenditures on administration or tools necessary for EVV implementation, such as phones, internet access, fobs, tablets, etc. for providers or individuals receiving services.

Impact on the State (Cont.)

Noncompliance

- Any state that fails to implement an EVV by January 1, 2019 is subject to incremental reductions each year in FMAP from .25% to 1%.
- For West Virginia, a .25% reduction in FMAP for these services would result in a loss of $1.2 million in federal funds.

EVV Models

Current EVV system options:

- Provider Choice
- Managed Care Organization (MCO) Choice
- State-Procured Vendor
- State-Developed Solution
- Open Vendor/ Hybrid Model
- Provider Audit Model

EVV Model: Provider Choice

Benefits

- Providers have flexibility to select best system for their needs.
- State does not have to procure and administer an EVV system.

Challenges

- Smaller providers may struggle with resource and capacity to procure EVV.
- Interoperability must be addressed.
- State may need to have some way to aggregate information and ensure compliance.
- State cannot claim enhanced FMAP for provider implementation costs.

EVV Model: State-Procured Vendor

Benefits

- State can secure enhanced match for information technology (IT) development and installation.
- Providers have centralized platform to use without running their own procurements, alleviating burden.
- Centralized platform facilitates linking EVV with Medicaid Management Information System (MMIS) claims data.

Challenges

- State procurement processes can be lengthy and difficult.
- Providers must have capacity/IT to access state system.
- States with MCOs may have a disconnect between claims, encounter data and EVV.

EVV Model: State Developed Solution

Benefits

- State can secure enhanced match for IT development and installation.
- Providers have centralized platform to use without running their own procurements, alleviating burden.
- Centralized platform facilitates linking EVV with MMIS claims data.

Challenges

- States will need skilled IT and management personnel which can be a struggle to hire and retain.
- Providers must have capacity/ IT to access state system.
- States with MCOs may have a disconnect between claims/encounter data and EVV.

EVV Model: Open/Hybrid

Benefits

- State can secure enhanced match for IT development and installation of state-run system.
- Providers have centralized platform to use without running their own procurements, alleviating burden if they choose.
- Providers have the option to select their own EVV system if they would prefer.
- Centralized platform facilitates linking EVV with MMIS claims data.

Challenges

- State procurement processes can be lengthy and arduous.
- Providers must have capacity/ IT to access state system.
- Need to ensure that all systems are interoperable, which could create challenges if system is modified or upgraded.

EVV Model: Provider Audit

Benefits

- There is not a need for statewide procurement for aggregation system or state-provided EVV option.
- Providers have ability to select vendor that best suits their need.
- EVV compliance is verified as part of a preexisting audit function.
- No need to ensure that systems meet interoperability standards.

Challenges

- Providers may not have financial or administrative capacity to establish EVV, and no state-provided system is available.
- State cannot secure enhanced FMAP for IT development and installation.
- State does not have ability to link EVV with claims, and must do a post payment audit to verify compliance.
- Inability to use EVV data for quality improvement processes.

Other State EVV Model Selections

Current EVV system options:

- **Provider Choice**
  - Missouri, New York and Washington
- **MCO Choice**
  - Iowa, New Mexico and Tennessee
- **State-Procured Vendor**
  - Connecticut, Florida, Illinois, Kansas, Mississippi, Oklahoma, Oregon, Rhode Island, Texas and South Carolina
- **State-Developed Solution**
  - No current examples
- **Open Vendor/ Hybrid Model**
  - Ohio (in development)
- **Provider Audit Model**
  - No current examples

EVV Model Selection Considerations

- Assess EVV systems currently used by providers.
- Evaluate existing vendor relationships.
- Define EVV requirements.
- Solicit stakeholder input.
- Understand technological capabilities.
- Assess state staff capacity to develop and/or support the EVV system.
- Integrate EVV Systems with other state systems and data.
- Rollout EVV in phases and/or pilots (timeline permitting).

EVV Model Selection Considerations (Cont.)

Cost for training and equipment depends on model choice:

- Provider Pays:
  - Provider Choice
  - Managed Care Organization Choice
  - Provider Audit Model
- State Pays:
  - State-Procured Vendor
  - State-Developed Solution
  - Open Vendor/Hybrid Model

Continued use of provider's current system:

- Open Vendor/ Hybrid Model

EVV Model Selection Considerations (Cont.)

West Virginia Department of Health and Human Resources (DHHR) will manage strategic decisions regarding global EVV requirements based on several factors including:

- Mandatory requirements from the Cures Act
- Security and confidentiality
- Ease of use
- Configurability of the solution and related edits
- Integration into existing processes
- Implementation and on-going operational costs

Next Steps

- Stakeholder meeting evaluation.
- Work with CMS, internal, and external partners to obtain federal and state funding.
- Hold monthly Stakeholder meetings.
- Finalize acquisition strategy and solicit bids from vendors.
- Select vendor and system.
- System testing, training and rollout.
- Ongoing support.

Future Meeting Schedule

Future meetings will be held from 1:00pm to 4:00pm and a location to be determined on the following dates:

- July 25, 2018 – WV Water Development Authority
- August 22, 2018
- September 26, 2018
- October 24, 2018
- November 28, 2018
- December 12, 2018
- January 23, 2019

Questions?

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