

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

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

2nd Stakeholders' Meeting

July 25, 2018



Agenda

- Introductions
- Welcome
- What is EVV
- EVV Solution
 - Functions
 - Components
 - Benefits
 - Technology
- Open/Hybrid Model
- RFP or RFQ Considerations
- Good Faith Effort Exemption
- Selection Questions
- Next Steps
- Questions

Today's Speakers

- Brandon Lewis, Director of Health Information Technology, Management Information Systems (MIS)
- Dr. Frances Clark, EVV Contractor, Bureau for Medical Services (BMS)

Update on Stakeholder Group

- 74 providers/agencies (70%)
- 23 state or state contractors (22%)
- 9 members or family of members (8%)

Welcome

Purpose of the meeting

- To update Stakeholders on the progress of the EVV design and development process
- To have an open forum discussion and address any questions and/or concerns from the group

Logistics

This session will be recorded.

What is Electronic Visit Verification (EVV)

An Electronic Visit Verification solution (EVV) for home care and personal care services is a modular technology solution that provides transparency into home based care delivery, supporting provider network optimization while improving the member's quality of care. EVV verifies visits and documents the following in real time:

- Individual receiving service
- Type of service
- Date of service provided
- Location of the service delivery
- Service provided by (individual's details)
- Time details – service start and end times

Typical Functions of EVV Solution

- No-show alerts report missed visits in real time
- Optional text alerts for managers to confirm visits started
- Check awake calls for overnight shifts
- Administrators and managers can watch or review visits as they take place
- Variance to schedule, budget, and authorization reporting
- Restricted clock-in, when budget exceeded
- Captures service documentation
- Voicemail messages to pass onto caregivers, such as member updates (ex. Mary's meds have changed)
- HR alerts regarding training, licenses, and more

Selected EVV Model Components May Include

Scheduling Component

- Scheduler contains data on agency, provider, member and authorizations
- Adheres to authorizing services at the point of scheduling before the service is delivered
- Creates missed or late visits alerts to inform the provider agency that the member was not served according to the care plan

Visit Verification Component

- When the provider arrives on site, they can “check-in” using a variety of technologies (mobile, telephonic, device, QR Code, etc.)
- When they leave, they “check-out” via the same means
- The solution accurately captures visit start, stop, duration, and tasks performed

Selected EVV Model Components May Include

Billing Component

- A HIPAA compliant claim is created that contains data tracked during the visit, ensuring the payer only pays for actual time spent on the service rendered to the member
- Claims for verified visits that fall within the scope of the authorization are submitted to the payer's adjudication system
- Claims for unscheduled visits or those that fall outside of the scope of the authorization are held until the issue is resolved

Aggregator Component

- Supports vendor agnostic EVV programs
- Allows providers to select the EVV vendor that works best for their business
- Provides the payer with a single uniform source of EVV data and network rules management tools

Selected EVV Model Benefits May Include

- Real-time verification of visits
- Automated missed visit notification
- Elimination of costs and risks of paper timesheets
- Better control of service delivery
- Elimination of payroll and billing data entry
- Favorable billing and payroll outcomes
- Audit readiness

Open/Hybrid Model

State

- Least disruptive environment, most complexity for state
- Qualifies for CMS Enhanced match: 90% and 75%
- Heavy involvement in procurement and system management

Providers

- Maximum flexibility: use free system or system of their choice
- Best suited for small and large providers
- Will require integration with state Aggregator solution

Quality Monitoring

- Expect high level of compliance
- Real-time visit data available to the Payers and Providers
- Alerts can be configured for quality assurance

Outcomes

- There are no published studies showing savings attributed to the use of this model, but expect similar savings as the State Choice model (5-50%)

Funding Issues

The CURES Act noted that the federal government would fund 90% of the costs attributed to the design, development, and implementation of an EVV solution and 75% of the operation and maintenance costs.

Issues

- Funding would go to the states to execute compliance plans
- Currently no fixed dollars budgeted
- Unanswered questions
 - What funding will be appropriated?
 - How much will each state get?

Stakeholders need to

- Engage with their states to ensure the selected EVV Solution meets their need
- Ensure the EVV Solution does not end up as a burden for providers
- Remember not all EVV solutions are equal

States and stakeholders must consider the impacts of this legislation, specifically the impact on costs, providers, and services.

Costs Issues

The biggest cost in implementing technology is not the upfront purchase price.

The largest expenses are included in the secondary costs:

- Training front-line service providers
- Maintenance of equipment, deployment, and integration with payroll and billing
- Provider training
- Day-to-day functioning of the EVV solution

Stakeholder Concerns and Issues

Stakeholders are concerned with

- Budgets
- If meeting the mandate will add cost to services

Stakeholders want to know what EVV solutions can do

- Bring visibility to service delivery and management
- Yield gains in productivity, communication, cost, and care outcomes

Stakeholders need to be aware that EVV Solutions offer a variety of technologies.

Stakeholders need to understand that EVV Solutions are designed to prove that services were delivered to the member

Selected EVV System Must

- Improve your bottom line by:
 - Documenting that a visit took place
 - Ensuring that caregivers provided the expected services
 - Allowing for timely and accurate documentation of the activities performed
- Ensure compliance with legislation and/or funders' requirements
- Provide:
 - Caregivers with the critical information they need
 - Agencies with improved productivity, performance, and member outcomes
- Present a seamlessly fast, easy, secure, error free and a future-proof verification solution for both members and their caregivers

RFP or RFQ Considerations

What are the solution considerations:

- General and Technical
- Claims
- Reporting
- Security
- System
- Technology
- Verification

How to Request a Good Faith Effort Exemption

Requests should be submitted between July 1, 2018 and November 30, 2018.

Requests should include:

- Actions the state has performed to adopt an EVV Solution
- Actions the state has performed to meet the requirements at Section 12006(a) of the Cures Act
- Proposed EVV model
- Unavoidable system delays/barriers
- Description of the state's stakeholder engagement process

Selection Questions: System

Operate in and out of coverage areas (cell towers)?

- Provide scheduling aspects
 - Self-scheduling clients
 - Provider access
 - Ability to send schedule requests
- Alleviate privacy concerns
 - How is the data stored?
 - Who has access?
 - Care or service plans uploaded?
- Communication aspects
 - Text messaging
 - Conference calls
 - Video streaming
 - Transfer of secure documents

Selection Questions: System

Real time alerts:

- Emergency alerts
- Real time stats
 - BP
 - Blood Sugar
 - Update care plan

Signature capacity-verification

- Voice recognition
- Facial recognition
- QR codes
- Call-in code

Require a data plan

Selection Questions: Vendor Software

Evaluate vendor software through a matrix (simple spreadsheet)

- Ease of use (intuitiveness)
- Price
- Features (telephonic, app, documentation, HIPAA, Secure employee data)
- Customization and Integration
- How does the vendor treat you?
- Do you get along and are your visions aligned?
- What is the support contract and does the vendor have the resources available to provide adequate help?
- Does the vendor have the expertise in this field?

EVV Technologies

- Biometric Recognition/Electronic Random Number Match Devices
- Onsite dedicated tablets
- Telephony
- QR Code
- Mobile Device Solution
- GPS Solution
- Caller-ID verification and web clock with GPS verification

How it works

- Dedicated hardware, using provider's fingerprint or recorded voice sample to register the visit
- Hardware installed in the member's home

Advantages

- Can securely verify that a provider was on site

Disadvantages

- Biometric devices are costly
- Each member has to have a dedicated biometric device installed
- May be seen as an inconvenience by the member
- Unable to verify the services provided during a visit
- Unable to document services provided
- Lacks data to optimize care delivery and coordination

Onsite Dedicated Tablets

How it works

- EVV Solution uses designated tablets to record visits via an EVV application, text, or phone call

Advantages

- Can securely verify that a provider was on site

Disadvantages

- Risk of misplacement
- Risk of theft

Quick Response Code (QR Code)

- Type of matrix barcode
- Uses four standardized encoding modes (numeric, alphanumeric, byte/binary, and kanji) to efficiently store data
- Can utilize a cell phone to scan the barcode

How it works

- Landline phone available at member's address for visit verification
- Provider makes a call using the landline telephone at the member's home to check-in and to check-out

Advantages

- Landline phones are the lowest cost solution
- Providers dial into a toll-free number
- Check-in initiates the visit
- Check-out terminates the visit

Telephony (cont.)

Disadvantages

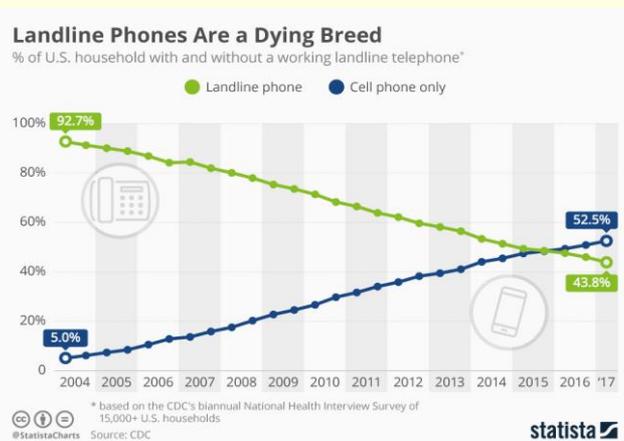
- The National Health Interview Survey (NHIS) found that almost half of U.S. households do not have a landline
- Cell phones are preferred by most people in the U.S.
- Landlines are rapidly losing relevance
- The member could make the initial call if a provider is running late
- Landlines lack secure communication process
- Landlines are unable to record travel expenses or use GPS services
- Landlines require supplemental paper systems
- Landlines incur costs related to manual reviews

Issues Related to Types of Telephones Used

In July 2015, according to the CDC

- 2% of US citizens had no phone
- 9% had only a landline
- 41% had only a cellphone
- 48% had both a landline and a cellphone

According to Felix Richter, landline phones are a “dying breed”. He reported on Jan 8, 2018 in Statista Charts, that in the U.S., 92.7% of homes had landline telephones in 2004 but only 43.8% had them in 2017. (A 49% decline)



He also reported that only 5% had cellphones in 2004, which significantly increased to 52.5% by 2017. (A 46% increase)

How it works

- Mobile devices (cellphones and tablets) record visits via an application, text, or phone call (between the provider, the agency, and/or the member), as needed

Advantages

- GPS functionality
 - Locates the provider
 - Ability to update schedules in real time
 - Documents service provision in real time
 - Tracks mileage and travel expenses in real time
 - Enables providers and agency staff to communicate in real time

GPS Solutions

- Goes beyond proof of visit
- Equipped to:
 - Improve compliance via real-time proof of visits, care, and service plan delivery
 - Reduce costs by accurately tracking travel, automating workflows, and eliminating paperwork
 - Facilitate communication between agency and field staff via secure messaging
 - Improve quality of care by furnishing providers with complete information at the point-of-care
 - Evolve, become more powerful, increase maturity and affordability of key technologies (ex. mobile apps, devices, sensors, cloud technology)
- Mobile technology offers the newest and the most future-proof EVV option
- Provides compliant visit verification

GPS Solutions (cont.)

GPS enabled phones and tablets can:

- Serve as a communication channel between field and office
- Provide timekeeping for payroll purposes
- Track mileage and other expenses
- Generate reports for documentation and audit
- Capture electronic signatures, notes, photos, and more from the field
- Monitor provider's safety
- Serve as a real-time broadcast/alerts channel for one-to-one or one-to-many communication

- Both technologies have their advantages and disadvantages
- Both are generally acceptable to Medicaid auditors in preference to paper timesheets, as long as the technology is compliant with Medicaid regulations for electronic documentation
 - Both telephone timekeeping and web clock require the provider to clock in with a unique ID, often known as a PIN (Personal Identification Number).
 - The employee PIN replaces the employee name and signature on a paper timesheet
 - If the member receives multiple services, the provider enters a service code for billing and authorization

- Telephone timekeeping involves the provider using the member's landline or cell phone
- Member's with landlines make telephone timekeeping a practical possibility
- Combining web clock with provider self-service, the provider shares access to their timesheets, schedules, PTO balances, PTO requests, open positions, training classes, W-2s, payroll check stubs, assigned member information, and more all from their cellphone.
- The advantage of telephone timekeeping is that, other than paying for the 800 number, there is no need to provide additional equipment or data plans
- If the member does not have a landline or cell phone, one can be provided through a number of government programs

Next Steps

- Stakeholder meeting evaluation
- Work with CMS, internal, and external partners to obtain federal and state funding
- 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:

- September 26, 2018
- November 28, 2018
- January 23, 2019
- March 27, 2019
- May 29, 2019
- July 31, 2019

Questions?

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