

Managed Care Organization Panel

Electronic Visit Verification-Home Health

NMAHHC Conference

August 18, 2022

Objectives

- Review the background, intent, and functions of electronic visit verification (EVV) solutions.
- Explore the timeline for implementing EVV for personal care services (PCS) and home health care services (HHCS), and for assessing penalties for non-compliance.
- Discuss strategies for achieving compliance with the Cures Act and considerations for operating a robust EVV solution.
- Outline benefits from EVV implementation including in areas of fiscal integrity, program integrity, and quality monitoring and oversight.

What is Electronic Visit Verification?

Electronic Visit Verification (EVV)

A technological solution used to electronically verify whether personal care providers and, later, home health providers delivered or rendered services as billed.

EVV systems must verify the:

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

EVV and the 21st Century Cures Act

Section 12006(a) of the 21st Century Cures Act (the Cures Act)¹ requires that states implement EVV for all Medicaid PCS and HHCS requiring an in-home visit by a provider.

- Many States implemented EVV for PCS by January 1, 2021
 - **Personal Care Services (PCS):** Services supporting Activities of Daily Living (ADLs) or services supporting both ADLs and Instrumental Activities of Daily Living (IADLs).
 - **Home Health Care Services (HHCS):** Nursing services and/or home health aide services delivered in the home. At the state's option, HHCS may also include physical therapy, occupational therapy, and speech pathology and audiology services. If these services are delivered in the home, EVV applies. EVV does not apply to the delivery, set-up, and/or instruction on the use of medical supplies, equipment, or appliances.

Non-compliance may result in incremental federal match reductions up to 1 percent per quarter.

Benefits of EVV

Benefits to using and complying with EVV

- Reduction in paperwork. An EVV solution can reduce the administrative burden and minimize errors.
- Oversight of service delivery includes confirming services are delivered according to the parameters specified in the person-centered service plan, including the type, scope, amount, duration, and frequency.
- EVV may be used to identify instances where individuals are not receiving necessary service
- Faster and more accurate billing and payments
- Fraud reduction
- Higher quality of care for member

EVV Home Health Covered Services

The following services are covered in EVV Home Health

Skilled Nursing Visits

Home Health Aides

Clinical Social Worker

Physical Therapy Visits

Occupational Therapy Visits

Speech Therapy Visits

EVV Home Health Services and Related Codes

The following table shows the Home Health Codes and Services that will be used in the EVV system

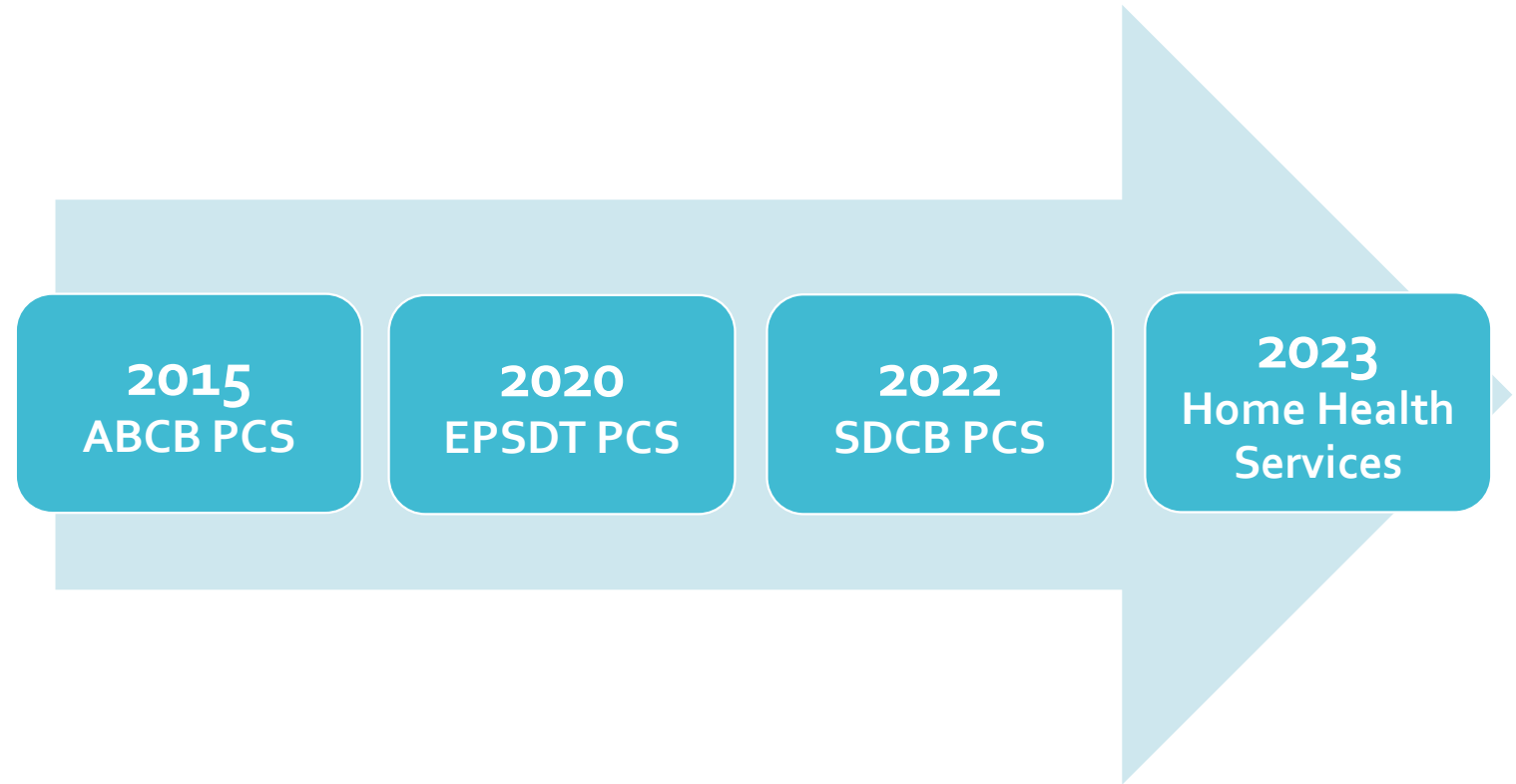
Revenue Code	Procedure Code	Service Name
421	G0151	Physical Therapy Visit
424	G0159	Physical Therapy Evaluation or re-evaluation
421	G0157	Physical Therapy Assistant
441	G0153	Speech Language Therapy Visit
444	G0161	Speech Language Therapy Evaluation or re-evaluation
431	G0152	Occupational Therapy Visit
434	G0160	Occupational Therapy Evaluation or re-evaluation
431	G0158	Occupational Therapy Assistant
571	G0156	Home Health Aide
551	G0300	Skilled Nursing LPN
551	G0299	Skilled Nursing RN
561	G0155	Social Worker Visit

Data Collection Options for EVV

The three visit verification methods used in New Mexico

- **Option #1: Member's landline, home phone, or cell phone** – If allowed by the member, caregivers will use their member's landline, home phone, or cell phone to call into the AuthentiCare® system. If a member refuses to allow the caregiver to use their home phone/landline, the caregiver may use their own personal mobile device
- **Option #2: Caregiver's Mobile Device with Stipend** – Each MCO will provide a stipend to the provider agency to create an incentive for caregivers to utilize their personal mobile device and existing data plan when using the AuthentiCare mobile application for data transfer. The entire stipend must be paid to the caregiver and the agency may not retain any of it. All stipend payments made by the MCOs are inclusive of gross receipts tax (GRT)
- **Option #3: Tablets** – The option to order a Wi-Fi enabled tablet for those caregivers that do not have access to a personal mobile device or a member's landline, home phone, or cell phone. Provider agencies will submit the request for tablets to the MCO's vendor, Mobility Exchange.

NM EVV Implementation Timeline



The Cures Act mandated that states implement compliant EVV solutions for HHCS by January 1, 2023. To avoid reductions in their federal match for PCS, every state is required to comply per CMS.

Building on a Compliant Solution

Development and rollout of a compliant system is one phase in the implementation timeline.

- A **compliant solution** is required for a state to avoid reductions to its federal match and may help mitigate fraud, waste, and abuse in claims for personal care services.
- A **robust solution** can help improve the accuracy, efficiency, and quality of service verification and delivery, helping states achieve better health and improved participant outcomes.

Integrating EVV with other Solutions

Integrating EVV systems with other state systems and processes

- Integrating EVV systems with states' other monitoring and data systems provides opportunities for enhanced oversight and analysis.
 - **Claims and MMIS:** Systems can interface with MMIS to streamline submission of claims to the appropriate payer.
 - **Fraud, Waste, and Abuse:** Systems can interface with existing processes combating FWA by providing real-time electronic data that confirms delivery of services as billed. States may subject manually-entered data for additional review.
 - **Prior Authorizations:** Systems can interface with authorizations and service plans so that providers can only bill for services at the planned time and in the specified type, scope, amount, duration, and frequency identified in the individual's approved person-centered service plan.

States may find that integrating EVV into other technical systems and processes enhances the state's administrative and oversight effectiveness

Fostering Collaborative Relationships

Engagement with stakeholder groups including beneficiaries, their families, and provider agencies is important.

- Input from these groups is critical in initiating the design of a state's EVV solution and ongoing following implementation.
- State agency staff from the Medicaid agency and operating agency or agencies of programs offering PCS and HHCS may also provide important information, especially regarding state capacity and needs.
- A key relationship for a state to manage is with its EVV vendor. States can help foster their relationship with EVV vendors through:
 - Maintaining regular communication between the state and vendor, including discussion of Medicaid administration and business practices.
 - Defining clear expectations for quality, such as by identifying key performance indicators in their contracts.
 - Building opportunities for system updates or redesigns into their requests for proposals (RFPs) and contracts with vendors.

Summary

- Implementing EVV for HHCS is a mandatory requirement of the Cures Act – for most states, the effective date for compliance is January 1, 2023 for HHCS.
- CMS will assess penalties or reductions to a state's federal match for PCS quarterly. States must complete an EVV Compliance Survey and attest compliance with various requirements of the Cures Act.
- States will find that beyond compliance with the Cures Act, operation of a robust EVV solution can help them achieve program goals.
- Operation of an EVV solution can improve service verification and delivery, helping states achieve better health and improved participant outcomes.

Additional Resources on EVV

Refer to CMS guidance for additional information regarding electronic visit verification:

- Leveraging EVV to Enhance Quality Monitoring and Oversight from February 2020.
- CMCS Informational Bulletin from August 2019.
- Good Faith Effort Request Form from May 2019.
- CMS Update on EVV from August 2018.
- NASUAD Pre-Conference Intensive from August 2018.
- NASUAD Conference Workshop from August 2018.
- MCS Informational Bulletin from May 2018.
- Frequently Asked Questions from May 2018.
- Promising Practices for States Using EVV from January 2018.
- Requirements and Considerations from December 2017. Copies of the HCBS Training Series – Webinars presented during Medicaid Monthly Update calls are located at this link:

<https://www.medicaid.gov/medicaid/hcbs/training/index.html>.

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