Connecticut Legislative Public Forum on Electronic Visit Verification

Department of Social Services

Public Forum

Monday, October 17, 2016

**Connecticut Department
of Social Services**

Making a Difference

- **Overview**

- **What is EVV?**

- **Why Implement EVV?**

- **Benefits of EVV**

- **Connecticut Specific Modifications**

- **Why Choose HPE/Sandata As Our Partner?**

DSS is implementing Electronic Visit Verification (EVV) for sound, well-documented policy reasons.

- EVV furthers the interests of individuals who are receiving services at home. EVV reduces burdens associated with manual time sheets and automates documentation of services received.

- EVV furthers the interests of caregivers. For the first time, EVV enables caregivers to have real-time communication with care managers about important changes in the health or other status of the individual receiving services.

- EVV furthers the interests of the administration, the legislature, and the taxpaying public. EVV ensures accountability by documenting that the services for which DSS receives claims were actually provided.

- Many other Medicaid programs have already implemented EVV.

- DSS anticipates that Congress will pass a federal law mandating that Medicaid programs implement EVV, or face loss of federal match.

DSS has the administrative authority to implement EVV, and has done so in a way that leveraged existing contractual relationships, maximized use of existing expertise, and ensured standardization and consistency statewide.

- DSS is responsible under federal law to ensure accountability in the use of Medicaid funds – what is claimed for payment *must* correspond with the services that are received by Medicaid members.

- DSS leveraged its existing contract with HPE, vendor for the Medicaid Management Information System (MMIS) to use Sandata, a nationally recognized, proven EVV vendor.

- DSS chose a statewide solution to ensure standardization and to prevent costs and difficulty involved in patching together existing systems, to the extent they exist.

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Since the inception of the project, DSS has engaged with providers, has responded to questions, has mitigated concerns, and successfully piloted EVV.

DSS has engaged with providers through:

- Detailed Q&A documents that have been updated on a rolling basis on the CMAP website and a new dedicated web page.
- Multiple training sessions and standard curriculum.
- Individualized responses to questions and concerns.

DSS has mitigated provider concerns:

- Timing of roll-out of EVV system
- Financial support for scheduling interfaces
- Use of truncated SS# for caregiver identification

DSS Successfully Piloted EVV since August 15th , 2016

- **116** agencies have begun using the EVV system for visit scheduling
- **37** agencies have submitted claims through the EVV system
- **579** claims successfully submitted and processed through EVV, with over **$209,000** paid.

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What is
Electronic Visit Verification
(EVV)?

Electronic Visit Verification

Electronic Visit Verification (EVV) is a telephonic, mobile, and computer-based system that documents the precise time and actions taken by agency caregivers in the home.

The DSS EVV system includes:

- **Electronic Visit Verification™ –** multiple technology options to capture caregiver time and tasks at the point of care.
- **Provider EVV Portal** including:
  - **Data Integration –** client, authorization and provider data imports
  - **Agency Management –** a powerful scheduling engine designed to maximize efficiency for providers
  - **Claims Validation –** validates claims data against authorizations and EVV-captured data before claims are submitted and adjudicated
- **Jurisdictional (JV) Reporting –** detailed EVV System Reports, Jurisdictional Views, and Data Extracts.

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Jurisdictional View (DSS & HPE)
Quality Oversight • Program Management • Reporting

santrax® PAYOR MANAGEMENT

Integrated Data Feeds

Clients

Authorizations

Providers

Provider EVV System

Scheduling Services
Validation against Authorizations
Agency Alerting
Visit Review

Caregiver EVV
- **Time & Task Entry**
- **Health Assessment**
  caregiver alerts to case manager at point of care

Billing & Claim Submission

INVOICE

- Generates claims
- Validates claims on DSS criteria
- Submits claims to DSS

Why Implement a Electronic Visit Verification (EVV) Program?

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Electronic Visit Verification Benefits ALL the Constituents, including <u>Clients</u>, <u>Providers</u>, and <u>State</u>.

✓ **Jurisdictional Overview of Programs**

✓ **Support Waiver Quality Performance Measures**

✓ **Real Time Program Alerting Responsiveness**

✓ **Cost & Expenditure Monitoring**

✓ **Ensures Quality of Care**

✓ **Reduction of Audit Risks**

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Improved Service for Client

- Alerting of client condition changes, thus avoiding condition escalation. These changes include:

  - Hospitalization
  - ER visit
  - Experienced a fall
  - Change in mental status

  - Change in daily life needs
  - Change to informal support
  - Skin condition deterioration
  - Refusal of services

Ease of Use

- Electronic time capture reduces the reliance for paper timesheets.

Consistent Service Delivery

- Authorization and scheduling are electronic.

Late and Missed Visits Reduced

- Alerting and measurement reduces occurrence.

Visibility of Service Received

- Capturing indisputable visit data ensures clients are receiving the care they need in the home.

Ability to Measure Results and Health Outcomes

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Reduction of Audit Exposure

- Visits and claims are electronically captured and verified.

Improved Efficiency

- Referral, Authorizations, and Billing are managed electronically.
- Alerting when changes to the care plan are made.
- Electronic capture of time reduces the need for caregivers to submit paper timesheets.

Improved Revenue/Payment Cycle

- Claims are pre-tested against visit data and authorizations, resulting in fewer denied claims.

Improved Service to Client

- Alerting of client condition changes.

Ability to Measure Results and Health Outcomes

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Network Management and Visibility

- Ability to monitor the delivery of service to Medicaid recipients.

Reimburse Agencies for Actual Service Provided

- Removal of Fraud, Waste, and Abuse.
- Projected annual savings of 5-10% of Medicaid expenditures for home care services, estimated at $8 - 15 million dollars per year.

Reduction in Operational Costs

- Reduction in paper-based operations due to electronic authorizations and electronic claims.

Efficient claims transactions and submissions

- Claims are pre-tested against Authorization and Visit data, thus fewer claims are denied and contested.

Ability to Measure Results and Health Outcomes

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EVV Customizations
and Accommodations
for the CT DSS Program

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The Electronic Visit Verification system continues to be modified and optimized to accommodate many unique behaviors and needs of the Connecticut home health and home care agencies:

Health Assessment Alerting
Point of care notifications via email and SMS to case manager for client condition changes.

Agency-specific ID's in Claims
Accommodated agency desire to include their own unique client ID's in billing submissions.

Care Plan Change Alerts & Reporting
Notifications and reporting to highlight changes to client care plan / authorized services.

Billing Holds for Physician Signature
Hold claims until provider signature for services is received. (to address agency audit concerns)

Scheduling Interface
Support agencies with existing scheduling tools. Allows deliver y of schedule info directly to EVV.

Third Party Liability (1/1/2017)
Record payments made by other programs and insurers for services billed to DSS.

Usual and Customary Rates
Allowed agencies to enter and continue to bill using their own usual and customary rates.

Client Phone Number Entry
Enabled agencies to provide additional phone numbers for clients for use in EVV visits.

From the start of the EVV implementation, DSS has engaged the provider community, and continues to focus on keeping agencies involved in each step of the process of launching EVV

Change in EVV Use Dates
Provided additional time for agencies to begin using EVV.
Home Care: 11/1   Home Health: 1/1

EVV System Training
24 *classes in Hartford, Norwich, Stamford*
18 *instructor led online webinar classes*
<u>Unlimited</u> *online access to material*

Town Hall & Outreach Sessions (4)
Early discussions with dozens of agencies to solicit feedback and suggestions.

Caregiver Social Security Information
Relaxed requirement for caregiver SSN in the EVV system.

Agency Feedback on EVV Setup
Opened EVV components to agencies for feedback. (Tasks, Reason and Cancel Codes)

Extensive Online Information
DSS has provided a dedicated EVV website, updated frequently with news and FAQs.

Early Access to EVV System
*To allow agencies to familiarize with the system prior to launch Piloted the program on **8/15**, and opened the system to agency use on **9/1**.*

Ongoing Program Improvement
DSS continues to collaborate with agencies to improve EVV to maximize benefits and minimize the impact on providers (e.g. payroll)

Both DSS and HPE have extensive information available online in dedicated portal sites for the EVV Program:

DSS Electronic Visit Verification Homepage:
http://www.ct.gov/dss/evv

HPE CMAP EVV Important Message Portal:
https://www.ctdssmap.com

The Selection of
HPE and Sandata for the
DSS EVV Program

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- DSS has existing IAPD contract from CMS for services with HPE
  - Dedicated MMIS provider
- Sandata has a longstanding, nation-wide relationship with HPE
  - Pre-existing interfaces, established relationships
- Sandata's Experience in State Medicaid programs
  - Sandata has extensive experience in state programs
  - Sandata systems have the scale to deliver services

| Sandata's Nationwide Relationship with HPE | **+** | Sandata & HPE's Medicaid Experience & System Scale | **=** | ✓ **Reduced Risk** ✓ **Reduced Costs** *For State, Agencies, and Clients.* |

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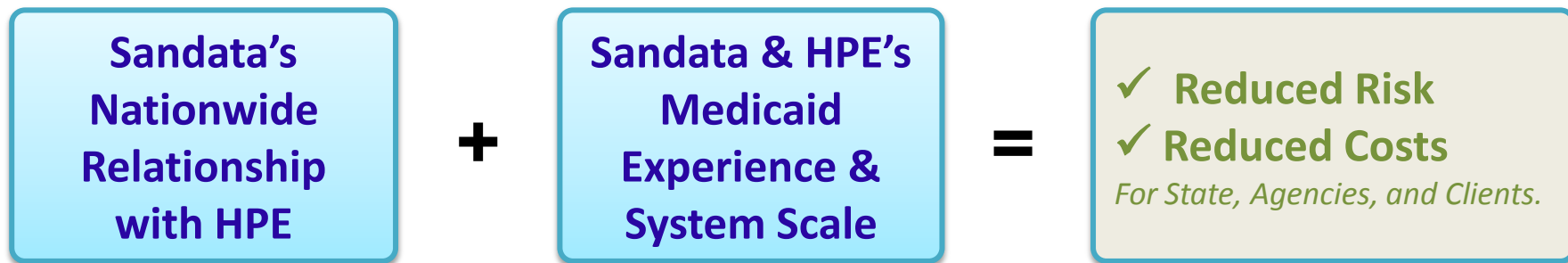
- **Home Care Focus:** For over 36 years, Sandata has been 100% focused on the Home Care industry. Over 1000 Agencies have contracted directly with Sandata.

- **The Most State EVV Experience:** Over 210 Sandata personnel, experience with EVV programs in 8 states, 4 Medicaid MCOs, over 3,500 providers and 1.29M individuals supported.

- **Market Leading Scale & Utilization:** Currently verifying over 150M transactions annually

- **Innovation:** Industry leading EVV solutions with Data Collection and Real-world Data Aggregation solutions deployed in various Medicaid environments.

3500
Home Care Agencies

200k
Daily Visits

- More State EVV experience than any other EVV vendor.

- Have successfully met implementation requirements and deadlines.

- Have experience with varied State EVV programs, i.e. unskilled/skilled services, unique program and policy requirements, and outreach and training needs.

- Extensive lessons learned from each program.

- Has NEVER been fired by a State program for performance concerns.
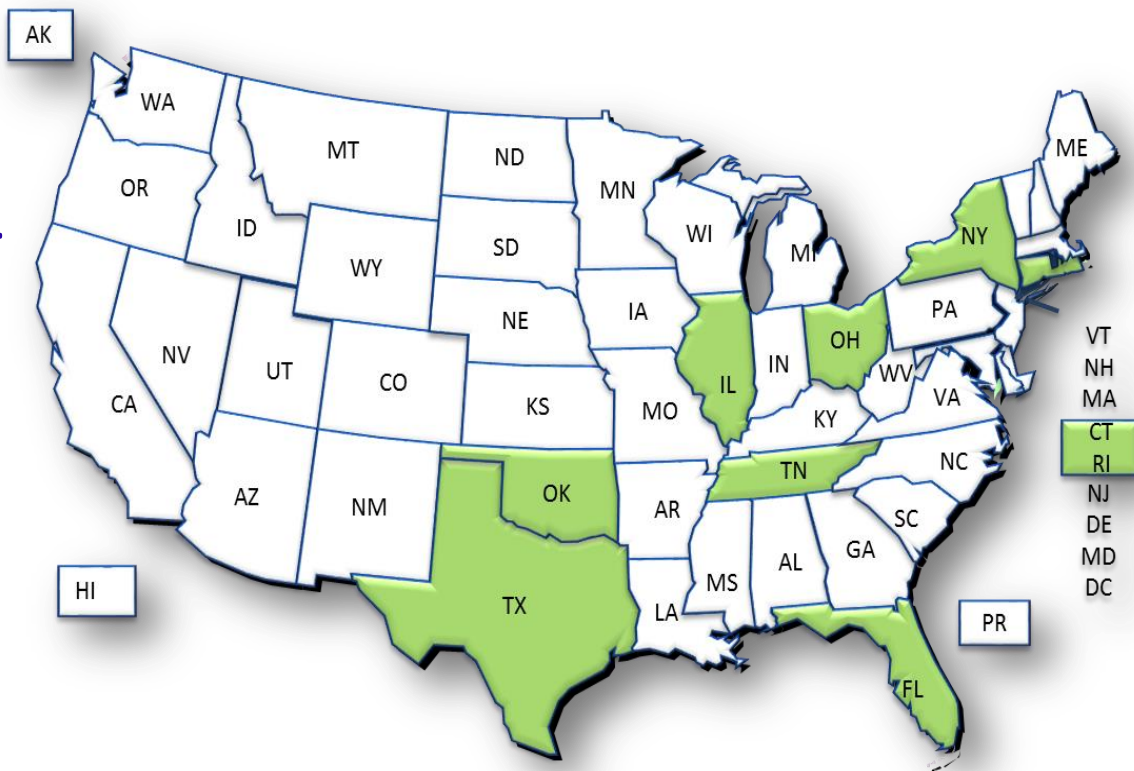
Florida (Launch 03/01/2010)

ACHA, Amerigroup, Sunshine Health
- Skilled and Unskilled services
- FFS and Managed Care

Tennessee (Launch 08/01/2010)

BlueCare, Amerigroup, United
- Skilled and Unskilled Services, Home Delivered Meals
- Managed Care

Texas (Launch 03/01/2011)

Dept. of Aging and Disabled Services
- Unskilled Services
- FFS

Oklahoma (Launch 09/01/2011)

Department of Human Services
- Skilled and Unskilled Services
- FFS

Illinois (Launch 01/01/2014)

Department of Human Services
- Unskilled services
- Consumer Directed Care
- FFS and Managed Care

New York (Launch 1984)

NYC Human Resources Administration
- Skilled and Unskilled Services
- FFS
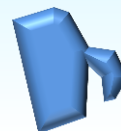
Rhode Island (Launch 06/01/2016)

Executive Office of Health and Human Services
- Skilled and Unskilled Services
- FFS and Managed Care

Ohio (In Implementation)

Department of Medicaid
- Skilled and Unskilled Services
- FFS and Managed Care

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- **The Program Will Deliver Measurable Benefits for ALL Constituents**
  - Clients, Providers, and the State

- **The Implementation of EVV Solutions Is Inevitable**
  - Federal mandate has passed the House (HR2646 passed 422-2) and is being considered in the Senate

- **We Have, and Will Continue to Attempt to Customize the Program to Maximize the Benefits, and Minimize the Impact on Providers**
  - Recognizing that change is difficult, but will continue to do our best to minimize the disruption for providers (without compromising program integrity)

- **We Recognize the Importance of Collaboration**
  - We will continue to listen, communicate, and involve all constituents in the process

- **We will Measure the Outcomes of This Program**
  - An independent, third party organization will evaluate and publish the benefits of this program