CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

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Section 12006 of the 21st Century CURES Act
Electronic Visit Verification Systems
Session 2: Promising Practices for States Using EVV

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

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Overview of the Sessions

- There are **two** sessions of the presentation, each covering different topic areas.

- **Session 1** was split into two parts. CMS held this session in December 2017.

  - Part 1 – 21st Century CURES Act Provisions under Section 12006

    - Discuss the 21st Century CURES Act (the CURES Act) 114 U.S.C. 255 (enacted December 13, 2016) requirements.

    - Define authorities and services impacted by the CURES Act.

    - Explain Electronic Visit Verification System (EVV) requirements under the CURES Act.

  - Part 2 – Current State of EVV

    - Provide current status of EVV.

    - Highlight CMS' current efforts to assist states.

    - Review results of EVV survey performed in partnership with National Association of Medicaid Directors (NAMD).

- **Session 2** will discuss promising practices for states with EVV.

Disclaimer

- In this presentation, we will discuss several states that have implemented EVV and current EVV Models.

  CMS is not endorsing any of these models or vendors.

- The purpose of introducing these examples is to help states and stakeholders understand the current EVV landscape.

  Discussing these state examples does not imply that they are compliant with the CURES Act.

Summary of Session 1

Part 1 - 21st Century CURES Act Provisions under Section 12006

- The CURES Act requires states to implement an EVV system by January 1, 2019 for PCS and by January 1, 2023 for HHCS.

- Any state that fails to do so is subject to incremental reductions in FMAP up to 1 percent.

- CMS is available for technical assistance in Advanced Planning Document (APD) development and submission.

- EVV can be a strong mechanism for ensuring financial accountability of the program, including reduction in unauthorized services, improvement in quality of services to individuals, and reduction in fraud, waste and abuse.

- EVV systems can increase accuracy and quality of Personal Care Services (PCS) and Home Health Care Services (HHCS) provided.

- EVV can also increase efficiency through quick electronic billing incorporated into the system immediately after entry.

Summary of Session 1 *(Continued)*

Part 2 - Current State of EVV

- Five common EVV design models were identified. States have the flexibility to choose their EVV design model.

- Survey finding highlights include:

  - 11 states reported having implemented EVV for either PCS or HHCS.

  - 29 states reported having not implemented an operational EVV for either PCS or HHCS.

  - Most states that reported not having implemented an EVV for PCS and/or HHCS are still in the planning stages.

  - State Mandated External Vendor model is the most frequently used model for states currently operating EVV.

  - Most states with operational EVV reported incorporating EVV requirements into their overall monitoring of providers.

Promising Practices for
EVV Model Selection and Implementation

Promising Practices
EVV Model Selection and Implementation

- Eight promising practices states should consider when selecting an EVV model that is most suitable for their Medicaid PCS and HHCS programs include:

  1. Assess EVV systems currently used by providers.

  2. Evaluate existing vendor relationships.

  3. Define EVV requirements.

  4. Integrate EVV systems with other state systems and data.

  5. Understand technological capabilities.

  6. Solicit stakeholder input.

  7. Assess state staff capacity to develop and/or support the EVV system.

  8. Rollout EVV in Phases and/or Pilots (Timeline Permitting).

Promising Practices
EVV Model Selection and Implementation

Assess EVV Systems Currently Used by Providers.

- Since 2002, larger provider agencies have increasingly invested in their own EVV systems for caregivers.

- If a large number of providers use an existing EVV system, states should consider the option to allow providers to continue to use the system(s), if the system(s) are compliant with the CURES Act.

  - Pursuing this type of "provider choice" model would require a state to develop a "data aggregator" to combine EVV data from multiple EVV systems.

- Massachusetts estimates that 76 to 99 percent of PCS providers and 51 to 75 percent of HHCS providers use their own EVV system.

Promising Practices
EVV Model Selection and Implementation (Continued)

Assess EVV Systems Currently Used by Providers (continued).

- While each state and provider landscape is unique, there are certain provider landscapes that are better accustomed to supporting each of the five primary EVV models.

Supporting Provider Landscapes, by Model

Model	Supporting Provider Landscape
Provider Choice	Major providers currently use different EVV systems and those EVV systems are compliant with the CURES Act.
MCO Choice	MCOs currently use one or more EVV systems and those EVV systems are compliant with the CURES Act.
State Mandated In-house System	Providers are not widely using EVV or EVV systems currently in use do not meet state's needs; and the state has the expertise and resources to develop its own EVV system, including training and educational materials.
State Mandated External Vendor	Providers are not widely using EVV or EVV systems currently in use do not meet state's needs; and the state prefers to use an external EVV vendor.
Open Vendor Model	The state has smaller providers not widely using EVV but may have one or more larger providers using an EVV system that is compliant with the CURES Act.

Promising Practices
EVV Model Selection and Implementation (Continued)

Evaluate Existing Vendor Relationships.

- The CURES Act requires that all state agencies confer about their understanding and experience with EVV systems and vendors.

- Following a comprehensive review of the state's current vendor relationships and contracting/procurement rules, the state may identify an organization that already is providing or can provide EVV services by contract.

  - It is essential that states understand their EVV landscape prior to choosing a model to avoid problems during implementation.

- The state can determine whether existing EVV programs are appropriately integrated with the state's other systems and databases.

Promising Practices
EVV Model Selection and Implementation (Continued)

Define EVV Requirements.

- Applies to all models, but most impactful for Provider Choice and Open Vendor.

- Establish clear policies and procedures about what EVV systems are considered acceptable for the state.

  – A consistent and streamlined set of requirements helps the state better control and monitor the vendors being used throughout the state and is important if the state will be developing a data aggregator.

  – For example, a state should define requirements for how changes to visits are made in the EVV system.

Promising Practices
EVV Model Selection and Implementation (Continued)

Integrate EVV Systems with Other State Systems and Data.

- Including MMIS, Eligibility and Enrollment (E&E), prior authorization system and Financial Management systems.

- An EVV vendor's ability to interface with other systems will simplify the implementation process and lower operational efforts.

  - Strengthens the oversight capabilities of EVV;

  - Allows data to flow through the EVV system in a more timely manner and push updated information to the caregiver; and

  - Helps to monitor for FWA.

- States using one of the three "choice" models for EVV (provider, MCO or open vendor) need to develop a data aggregation solution to consolidate data from different EVV systems.

Promising Practices
EVV Model Selection and Implementation (Continued)

Understand Technological Capabilities.

- As states make decisions about their EVV system, they should establish a list of requirements for how the in-home visit-capture technology will be used. Some questions to consider include:
  - Will the state allow providers to access a mobile application through staff members' personal mobile phones?
  - Will the selected technology require cellular service?
    - Louisiana uses Global Positioning System (GPS) technology to verify the location of service delivery;
  - Are there technology limitations in rural areas?
    - New Mexico issues tablets to providers with capabilities to store data up to seven (7) days.
  - Will the EVV device or technology reside with the individual rather than with the provider?

Promising Practices

EVV Model Selection and Implementation (Continued)

Solicit Stakeholder Input.

- States should consider conducting outreach to:
  - Individuals and their families, including individuals with self-directed services (if applicable);
  - Advocacy groups for PCS, HHCS, and/or HCBS populations;
  - Provider agencies, individual caregivers, associations and/or unions;
  - State employees that have been involved in the following:
    - EVV procurement process (e.g., state's procurement or legal department);
    - Fraud, Waste and Abuse investigations (e.g., Medicaid Fraud Control Units, Attorney General);
    - Information Technology team and vendors.
  - Other state agencies involved in the delivery of Medicaid services.

Promising Practices

EVV Model Selection and Implementation (Continued)

Assess State Staff Capacity to Develop and/or Support the EVV System.

- Depending on the model, state staff are involved in many different capacities.

State Staff Capabilities and Involvement

Model	State Staff Requirements
Provider Choice	• Understanding of different EVV systems among providers. • Knowledge of how data will be integrated to ensure proper monitoring and compliance. • Ability to monitor aggregated EVV system data.
MCO Choice	• Knowledge of EVV vendor options and resources vendors may have to meet state's needs. • Knowledge of how data will be integrated to ensure proper monitoring and compliance. • Ability to monitor aggregated EVV system data.
State Mandated In-house System	• Management of the day-to-day operations of the EVV system. • Responsible for all training and education of individuals, providers, and stakeholders. • Provide technical support for entire EVV system including troubleshooting.
State Mandated External Vendor	• Manage relationship with EVV vendor and determine how state staff are involved with troubleshooting, training, monitoring, etc. • Ability to monitor aggregated EVV system data.
Open Vendor Model	• Understanding of different EVV systems used among providers. • Knowledge of how data will be integrated to ensure proper monitoring and compliance • Ability to monitor aggregated EVV system data.

Promising Practices
EVV Model Selection and Implementation (Continued)

Rollout EVV in Phases and/or Pilots (Timeline Permitting).

- Allows states to identify potential bugs, provider challenges encountered with the technology and training and education materials to ensure they are addressed before full implementation.

- States should also consider less stringent compliance thresholds during system rollout. This has several advantages including:

  – Allowing states to work with providers to make sure that they are using the system accurately and to provide additional technical assistance if necessary.

  – Allowing states time to validate thresholds and test monitoring processes before they begin to penalize providers.

- Conducting a pilot and/or implementing in phases should only be done if it does not impede a state's ability to meet the timeline requirements dictated in the CURES Act.

Promising Practices for Training and Education

Promising Practices
Training and Education

- Seven promising practices states should consider when developing training for state staff, providers, individuals and their families include:

  1. Inventory all entities / individuals that will be interacting with EVV.

  2. Understand how training responsibilities will vary by EVV model.

  3. Establish a training plan.

  4. Assess state staff capabilities/capacity for developing and delivering training.

  5. Provide training and assistance on an ongoing basis.

  6. Establish an EVV website.

  7. Use multiple approaches for notifying and training individuals and their families.

Promising Practices
Training and Education (Continued)

Inventory All Entities/Individuals That Will Be Interacting with EVV.

- States should identify all potential training recipients and make sure the state's training plan covers them, including but not limited to:
    - Individual service recipients.
    - Individual caregivers.
    - Family members and/or guardians.
    - Provider agencies.
    - State staff across all agencies.

Promising Practices
Training and Education (Continued)

Understand How Training Responsibilities Vary by EVV Model.

- The type of EVV model selected by the state has a direct impact on the level of state effort for EVV training.
  - The state mandated in-house system model requires the most state involvement.
  - Provider choice or MCO choice models delegate more of the training and education responsibilities to the providers and MCOs.
  - A state mandated external model can allow states to contract with the EVV vendor to provide training.
- Regardless of the model, the state needs to play an active role in developing training requirements.
- The state also needs to consider whether and/or which EVV training will be mandatory or optional for each audience.

Promising Practices
Training and Education

Establish a Training Plan.

- States or their EVV vendors should develop a detailed strategy for who is providing what training and education and how they plan to engage and train providers and individuals as early as possible.

  – Connecticut strongly recommended making training for providers mandatory.

- Many challenges exist when trying to train and educate providers and individuals on EVV.

  – For providers, competing priorities between implementing a new system and maintaining their ongoing operations.

  – For providers and individuals, time constraints can limit ability to attend in-person training.

Promising Practices
Training and Education (Continued)

Establish a Training Plan (continued).

- Key training strategy considerations include:
  - Identifying training materials that are suitable for state staff, providers and individuals and family members.
  - Identifying methods by which training may or may not be delivered.
  - Establish timing and frequency of training for various audiences.
    - More than 90 days prior to go-live may require retraining closer to implementation date.
    - Less than 30 days prior to go-live may not provide sufficient lead time.
  - Identifying persons responsible for training development and delivery.
  - Establishing means of monitoring the effectiveness of training.
  - Establishing potential penalties for noncompliance with training requirements.

Promising Practices
Training and Education (Continued)

Establish a Training Plan (continued).

- At minimum, states should consider the following topics/content when developing a comprehensive training plan:

Audience	Suggested Topics
Providers	• EVV requirements • Software training, including details of how to use the system and how to request technical assistance. • Benefits to promote provider buy-in (e.g., potentially faster claims processing, payments and tracking of appointments, easier and faster appointment changes, improved documentation, and less paperwork) • Consequences for not using EVV system (e.g., penalties and sanctions) • Improvements in the prevention and detection of FWA
Individuals	• EVV requirements • Advantages of EVV (e.g., role of EVV in improving individual management and oversight of their services.) • Individual rights and responsibilities regarding EVV, including how to change appointment times, how EVV enhances the prevention and detection of FWA, any special issues regarding self-direction, and how to request help with EVV.
State Staff	• EVV requirements • "How to" topics, including compliance monitoring, data capturing, reporting, software and system updates, and how the EVV system can be used in the prevention of FWA.

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Promising Practices

Training and Education (Continued)

Assess State Staff Capabilities/Capacity for Developing and Delivering Training.

- States should evaluate their own experience in developing and disseminating training and educational materials for similar new technologies that are used by populations similar to those enrolled in Medicaid PCS and HHCS programs.

- States can use many different methods to educate both individuals and providers including:

  - Webinars.

  - In-person trainings.

  - E-mail notices.

  - Mailed educational materials.

  - Dedicated EVV websites.

- If state staff do not have the capabilities/capacity to develop and deliver training, consider using a contractor or EVV vendor.

Promising Practices
Training and Education (Continued)

Provide Training and Assistance on an Ongoing Basis.

- After implementation there will be an ongoing need for training, including providers and individuals and their families new to the program and those providers and individuals having EVV compliance issues.

  – Connecticut initiated a bi-monthly newsletter after implementation which helps providers navigate EVV by answering common questions and providing assistance for resolving common issues.

  – South Carolina conducts training every quarter for providers and will provide one-on-one training, if requested.

- States should provide resource lists that directs providers and individuals to various types of technical assistance that may be needed during and after implementation.

Promising Practices
Training and Education (Continued)

Establish EVV Websites.

- States should establish a website to disseminate training and other information related to the EVV program.

- Examples of states using EVV websites:

  - **Connecticut:** EVV bulletins for providers and individuals and their families around training, new EVV system features, FAQs, etc.[1]

  - **Louisiana:** EVV memos and updates for providers, details about the benefits of EVV for providers, and provider testimonials. [2]

  - **Maryland:** Training information and webinar sessions for providers about EVV topics. [3]

  - **Massachusetts:** EVV information for providers and individuals and their families, plus information about stakeholder data gathering meetings. [4]

  - **Texas:** EVV information for providers and individuals and their families, including which providers must use EVV, description of how EVV works, how providers get started with EVV, contacts to call with questions, copies of EVV letters to individuals/members, and a news & alerts section with continually updated EVV information. [5]

Promising Practices
Training and Education (Continued)

Use Multiple Approaches for Notifying and Training Individuals and their Families.

- Per the CURES Act, these individuals must be notified of the use of EVV.

- States, providers, and MCOs should take a combined role in notifying individuals of the changes that will take place with the implementation of EVV. Common methods to inform individuals and families include:

    - Communications from case managers and/or caregivers.

    - Mailings and educational materials.

    - Leaflets in enrollment packets.

    - IVR / "robo" calls.

    - EVV websites.

Promising Practices
Training and Education (Continued)

Use Multiple Approaches for Notifying and Training Individuals and their Families (continued).

- Communications from caregivers and case managers can be the most effective because they regularly see the individual and family and are typically the primary points of contact in the various programs.

  - States should encourage these staff to be prepared to explain EVV to individuals both during and after implementation.

  - Maryland, South Carolina and Texas noted that in addition to sending letters, they also relied on case managers for assistance in notifying and explaining EVV to individuals and their families.

- States should consider some type of verification process that the individual has been notified of EVV.

  - Texas requires individuals, with assistance from their case manager, to review and sign a rights and responsibilities form confirming their understanding of EVV.

Promising Practices for Ongoing EVV Operations

Promising Practices
Ongoing EVV Operations

Monitor Service Delivery.

- States should clearly outline expectations regarding monitoring.

- Who, when and how providers will be monitored is essential for all parties to understand so services are provided timely and accurately and providers are compensated for those services.

Promising Practices

Ongoing EVV Operations (Continued)

Involve Providers in Decision-Making.

- Keeping providers involved and soliciting feedback, even after the EVV system has been implemented, will increase the likelihood of a successful implementation and ongoing success.

- Multiple states who participated in the survey and/or interviews repeated the positive results of engaging providers as early as possible and continuously throughout the program's evolution.

  – Texas conducts monthly EVV workgroups with their vendors, providers and MCOs to discuss how the program is operating and any issues that have arisen.

  – This feedback process also allows for continuous improvement to the state's EVV.

Additional Helpful Tips for States Implementing EVV

- Leverage the APD process.

- Examine every state plan and waiver authority cited in the CURES Act and crosswalk against state plan and waiver authorities offered in your state.

- Crosswalk your state's service definitions and the components of each service definition to the definitions in the CURES Act.

- More information will be forthcoming from CMS and shared via SOTA updates.

Summary of Session 2

- Promising practices for EVV model selection and implementation include:

    - Assess EVV systems currently used by providers.

    - Evaluate existing vendor relationships.

    - Define EVV Requirements.

    - Integrate EVV systems with other state systems and data.

    - Understand technological capabilities.

    - Solicit stakeholder input.

    - Assess state staff capacity to develop and/or support the EVV system.

    - Rollout EVV in Phases and/or Pilots (Timeline Permitting).

Summary of Session 2 *(Continued)*

- Promising practices for training and education include:

    - Inventory all entities/individuals that will be interacting with EVV.

    - Understand how training responsibilities will vary by EVV model.

    - Establish a training plan.

    - Assess state staff capabilities/capacity for developing and delivering training.

    - Provide training and assistance on an ongoing basis.

    - Establish an EVV website.

    - Use multiple approaches for notifying and training individuals and their families.

Summary of Session 2 *(Continued)*

- Promising practices for ongoing EVV operations include:

    - Monitor service delivery.

    - Involve providers in decision-making process.

References

1. Connecticut Electronic Visit Verification. Available online: http://portal.ct.gov/dss/Health-And-Home-Care/Electronic-Visit-Verification/Electronic-Visit-Verification

2. Louisiana Electronic Visit Verification. Available online: http://dhh.louisiana.gov/index.cfm/subhome/40

3. Maryland Electronic Visit Verification Online Training. Available online: http://www.ltsstraining.org/

4. Massachusetts Electronic Visit Verification. Available online: http://www.mass.gov/eohhs/consumer/insurance/masshealth-member-info/pca/mytimesheet-electronic-visit-verification-evv.html

5. Texas Electronic Visit Verification. Available online: https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/electronic-visit-verification

Additional Resources

- Copies of the HCBS Training Series – Webinars presented during SOTA calls are located in below link:

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

- See below link for a copy of the 21st Century CURES Act:

    https://www.congress.gov/bill/114th-congress/house-bill/34/text

Questions & Answers

For Further Information

For questions contact:

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