HHS-CMS-CMCS

August 22, 2023

2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time I'd like to inform all participants that today's call is being recorded. If you have any objections you may disconnect at this time.

All lines have been placed in a listen-only mode for the duration of today's conference as well. I would now like to turn the call over to Ms. Jackie Glaze. Thank you, ma'am. You may begin.

Jackie Glaze: Thank you, and good afternoon, and welcome everyone to today's Allstate Call-In Webinar. I'll now turn to Dan Tsai, our Center Director, for opening remarks. Dan?

Dan Tsai: Greetings. Thanks, Jackie. Hello, everybody. We all need levity. I just got a notification that my local Baskin-Robbins is going to be open, so that is my source for ice cream cake for our family, much needed at this moment. Anyway, okay, that was a non sequitur.

We are going to - we have spent a lot of time with our state partners on some very time sensitive, urgent, unwinding topics. I think all the states that have engaged in that are aware of some of the things there, so those discussions are continuing, and today we certainly will take any questions that folks have.

We are going to spend some time today, based on a bunch of questions that have come in, on where things stand for EVV, Electronic Visit Verification pieces, and some of the learnings and outcomes of quite a number of EVV learning collaborative meetings with a range of states. As context, I think folks are aware the 21st Century Cures Act mandates CMS requires states to implement EVV, Electronic Visit Verification systems, technological solutions that verify where and when certain in-home Medicaid services are delivered.

I think there's no surprise that there are a lot of nuances to this. You know, how one implements this, and how to support the individual rights and independence of consumers and individuals served by the program, is really, really important.

And we've had all sorts of range of input and questions from stakeholders, from states, from others, including but not limited to GPS and all these other different things. I want to reemphasize that we have been really fostering open discussion among states and stakeholders to make sure that there are areas where we believe we have flexibility to help make sure that we can meet what the statute requires us as a program to do whilst balancing to the greatest extent possible the individual privacy and other rights of individuals.

That has been very, very important to us in supporting our consumers, our enrollees, and also the statute does require us to do it. So the learning collaboratives have been important, and the different pieces that have come out of that.

So Ryan Shanahan from our Division of Long Term Services and Supports, and others on the team, will go through where we are on EVV, some of the

questions, some of the learnings and other things that have come up from those discussions. And certainly then we'll transition to state questions all around the board.

And as always we remind folks to log in to the Webinar platform because there will be slides that we share today. If you're not already logged in, you can do so now to see the slides. And also that's the mechanism for submitting any questions folks have at any time during the presentation.

So with that, I'm going to hand things over to Ryan Shanahan from the Division of Long Term Services and Supports. Thanks so much. Ryan?

Ryan Shanahan: Thank you, Dan. So thank you all for joining us today to discuss some of the trends that we have identified through our numerous stakeholder activities involving learning collaboratives.

And we thought this would be an opportune time to discuss some of the lessons learned from those collaboratives given we are approaching the final compliance deadline for Electronic Visit Verification as specified in the 21st Century Cures Act. That is January 1, 2024, which is when states are required to implement EVV for home health care services, and many states are currently in the midst of a good faith effort exemption.

So we understand that lots of states are actively working to implement and/or adapt EVV systems to accommodate the home health care service population, and we're hoping that by sharing some of the overarching strategies we've identified in the (unintelligible) could help you in your implementation efforts as you're approaching the goal line there.

So just as an overview, CMS has hosted 16 learning collaboratives since January 2019, and that was on the heels of the passage of the 21st Century Cures Act in 2016 which required states to implement EVV or otherwise face reductions in their federal match. So personal care services and home health care services.

So states were required to implement EVV for personal care services January 1, 2021, or earlier states if they (unintelligible) to receive a good faith effort exemption. And then again, January 1, 2024, for home health care services if not earlier, you know, without that good faith effort exemption.

So across the 15 EVV learning collaborative, CMS' primary goal has been to promote open discussion among states and other stakeholders regarding their experiences implementing and operating compliant EVV solutions. Generally, those sections have featured a panel of state staff and other experts in HCBS who respond to moderated questions.

So it was really an opportunity for states to learn from each other about what was happening on the ground as it came to EVV implementation to really get into the nuts and bolts of EVV. And I think the feedback that we've received is that it's been really helpful in providing a forum where states can share effective strategies for implementing a compliant and beneficial EVV system.

To date approximately 1100 unique attendees have participated in the collaborative since 2019, and that spans 49 states and DC and has included providers and advocates and other stakeholders. So moving forward we'll summarize some of the key topics from each collaborative.

Next slide, please. So on this slide we list out the topic areas covered on each of the 16 learning collaboratives. I'm not going to read through them all here

we're going to discuss them at kind of the themes of these sessions in the upcoming slides.

But essentially, you know, we started with EVV 101, what are the models and solutions that states can pursue, what technologies are available, and how can states engage the populations that would be affected by EVV? From there we covered EVV implementation approaches, we covered how states can achieve compliance with the Cures Act and operate a compliance solution.

And then from there we discussed how states can leverage their EVV system to promote effective billing and how they can adapt their EVV system based on what they've learned, and how to overcome the challenges that they may have been experiencing. And that has springboarded into how to implement EVV and use past experiences implementing EVV for personal care services of states have self-implement EVV for home health care services.

And finally, the, you know, acknowledging that EVV doesn't have to operate in a vacuum. We have been focusing on how EVV can be leveraged to improve other systems within the state, including health and welfare systems, prior authorization, fraud, waste, and abuse, things of that nature.

Next slide, please. So our first five collaboratives discussed system design and rollout leading up to implementation of the first deadline mandated by Congress for personal care services. We focused on how states can effectively administer EVV solutions statewide and ensuring that all user needs are met.

We discussed collecting required data elements through multiple methods or technologies. So, you know, we learned that it's really important that states have several methods available for verifying service delivery including things

like a mobile app or allowing for the use of landlines to check in for services, so that kind of flexibility has been useful.

We discussed training providers and participants on system usage, so ensuring that all users are engaged and aware of the EVV requirement and the specific requirements in the state for how EVV is being implemented. And then we focused on rolling out EVV for personal care services.

And throughout all of this emphasizing the importance of ongoing stakeholder engagement and meeting with all providers, publishing FAQs, and responding to requests for technical assistance. So maintaining that constant feedback loop to ensure that concerns are being identified and addressed and updates and adaptations are being made as needed.

And finally, our panelists noted that flexibility in how things are verified can really assist in securing providers and caregivers by interests (unintelligible). So it helps to, you know, ensure that the needs of the individuals that are actually rendering the services, and receiving the services, are being met and acknowledged by the state.

Next slide, please. So moving on from there we discussed even in the context of compliance and initial operations, and states shared how they achieve this compliance. They shared their billing methods and fiscal integrity oversight methods, and updates and changes that they were making to achieve a compliance system.

They discussed how they monitored provider compliance and how they work with providers and caregivers to ensure their compliance with state expectations was paramount to their smooth rollout. We also discussed

monitoring data on usage and manual entries and edits to electronically captured data.

So when a caregiver forgets to, or is unable to check in, we discussed that such instances could be incorporated into a state EVV error rate. And that has been helpful in identifying struggling providers, so they can receive the technical assistance necessary in order to get trained up on successfully using the EVV system and avoiding financial penalties.

So, you know, in a lot of cases we found that states really benefited from a slow rollout of their EVV system, you know, prior to the client's deadline where providers had a chance to become familiar with how to use an EVV system before their EVV use was associated with billing so that they were not necessarily penalized for their efforts to, you know, become familiar with how to successfully use that EVV system.

Next slide, please. From there we discussed operating and enhancing EVV solutions. So as they continue to operate their systems prior to the second phase of implementation for home health care services they discussed their best practices for integrating and enhancing solutions, and that included engaging new and existing stakeholders.

So with the implementation of EVV home health care services, you know, it's understandable that a state may need to engage an entirely new population of both beneficiaries and providers that were not necessarily targeted during implementation of EVV for personal care services. So this is a new service ray that is entirely new to EVV, so states needed to consider engaging that new population.

And in doing that they need to adapt the solutions to the needs of their end users, for example, by expanding available technology for verification, or by adjusting units of service to reflect feedback in EVV or by extending geofencing to accommodate participant location. And throughout all of this collaboration across state entities to best support delivery of care and operation of the system is key.

And I think from there we can go ahead to the next slide. And in our most recent collaborative we've discussed home health care service implementation and the future of EVV, so states have highlighted solutions to challenges that they have faced when implementing EVV for home health care services including, you know, in the face of the COVID-19 PHE and how states can leverage EVV processes and data to support service delivery and program integrity, most notably in how they would align EVV with their prior authorization practices, with person-centered service planning.

And throughout both phases of EVV implementation states have found it important to emphasize consistency among participants - person-centered service plans, especially when introducing potentially new technologies. They are continuing to engage, support, reassure, and train participants, providers, caregivers, and families.

So, you know, this is not a one-and-done process constant engagement regarding the use of EVV is vital because things happen. Technologies can sometimes, you know, cause - can have failures or it could be - there are always new providers entering into the state's service systems that would need to be trained, there are always new caregivers, new beneficiaries, so it's very important for states to ensure continuous engagement and training on the use of EVV.

States have also found it important to reassure users that the Cures Act, at the federal level, only requires a location capture at the start and end of the service. So it's critical to note that location is not required to be captured as the individual is moving throughout the community.

States have also found it helpful to publish written policies for manual edits to reduce burden on providers and caregivers, you know, acknowledging that sometimes a caregiver may forget to check out, or the EVV system may be down, or they may not have access to their phone that's used to connect to EVV, you know, things happen. And those instances can be incorporated into the state's error rate, and a provider does not necessarily have to be penalized for that in terms of billing.

But, you know, in some instances states have found it helpful to have a manual edit policy in place to account for those sorts of situations. And then integrating EVV systems across - into other systems across the state to help improve care has been important as well.

Next slide, please. So looking forward, you know, sort of approaching this implementation deadline for home health care services, EVV solutions continue to mature and become integrated into providers and persistent (unintelligible) patients' care really becoming part of standard operating procedures in states. And with that states have an opportunity to leverage EVV for other program goals beyond identifying and preventing fraud, fraudulent Medicaid billing.

And as an example, in our most recent collaboratively, we explored state plans for linking EVV with elements relating to participant health and welfare. And this can be done by confirming that some - by using EVV to confirm that service delivery is aligning with the person-centered service plan and allowing

caregivers to document observations of potential abuse and flagging potential needs to follow up the case managers.

So, you know, we really see some utility in use of EVV for assisting with efforts to ensure health and welfare. It can help states identify whether or not individuals are receiving the services that they are entitled to and need to receive as documented in their (unintelligible).

EVV can also help states understand their provider network adequacy. It can help with other assumptions around caregivers' travel time and potentially other trends that propagate it.

States should also consider how to address concerns by providers about the introduction of EVV to their already constrained work forces by ensuring that both caregivers and beneficiaries receive adequate training. And after it's adopted, and integrated into routine practices, some states have found that EVV can actually alleviate some administrative burdens on providers and caregivers by streamlining and automating billing procedures.

And as always states are encouraged to continuously monitor their systems' performance and policies and adjust or adapt them as needed. And that is really dependent on continued stakeholder engagement to understand and learn how to make necessary changes to address concerns.

So future learning collaboratives may explore these areas, and we've included an email address here if you'd like to register for those future sessions. And I think with that I will be turning it - Jackie, am I turning it over to you for questions?

Jackie Glaze: Yes. Yes, thank you, Ryan. Thank you for the presentation. So, as Ryan indicated, we're ready to take your questions now, so we'll begin with the chat function, so please begin submitting your questions now.

And if you have questions about today's presentation, or any other general questions you may have, please submit those. And then we will follow by taking your questions over the phone lines. So, (Krista), I'll turn to you now for the first question in the chat.

(Krista): Great, thanks so much, Jackie. I have a question here in the chat about eligibility. The question is, "If a state receives a buy-in deletion code from CMS due to death, can the state consider this as acceptable verification of death and terminate the individual's buy-in, or would the state need to send a request for additional information?"

Sarah de Lone: I was just there alone with CAP. I don't think that was related to the previous question. I was just waiting to see if anybody from our Enrollment, College and Operations Division is on.

Generally, I don't know if there's something particular about the buy-in that you're referencing, but generally, no you cannot, indication of death from SSA still needs to be there. You know, the beneficiary, their family, still needs to be given an opportunity to say that, in fact, the information is correct, and the individual is no longer ceased.

So as a general rule, no, but I'll double-check with our team to make sure there's nothing unique to this program. Is that - was that in the chat, (Krista), so you would have that? You could forward it to us?

(Krista): Yes, absolutely.

Sarah de Lone: Perfect, thanks.

(Krista): I'm not seeing any other questions in the chat at this time. If you have any questions, put them in the chat please.

Jackie Glaze: Thank you, (Krista). So we'll transition to the phone lines. So, (Missy), could you please provide instructions to the participants on how to register their questions? And if you could open the phone lines.

Coordinator: Yes, ma'am. If you would like to ask a question over the phone, please press Star followed by 1. Please make sure your phone is unmuted and record your name when prompted.

If you wish to withdraw your question, you can press Star 2. Please allow a moment for questions to come in. Thank you. I'm not seeing any questions coming in over the phone yet.

Jackie Glaze: Thank you, (Missy). So I'll ask if you can continue to monitor that. I'm not seeing any additional questions either in the chat function, so we'll give folks another minute or two to see if they have any questions that they would like to ask today. I think there's one more, (Krista). I see one now.

(Krista): Great, I have one question here, "Can the panel address how states are supposed to require HHCS, especially around services that Medicaid is not the primary payer of the service, but just pays a cost share component? This question could involve either Medicare or commercial insurance."

Ryan Shanahan: Sure. So this is (Ryan), and I can take that one. Essentially if Medicaid and the Home Health Care Service builds Medicaid in whole or in part, EVV would be required.

So if it's exclusively billed under Medicaid, or some other third-party payer, then EVV will not be required, but if Medicaid is implicated, under the Home Health Care Authority, then EVV would be required for Medicaid.

Jackie Glaze: Thank you, (Ryan). (Missy), are you - if you could pull up - please provide instructions once again on how to register the questions, and if you could open the phone lines, please.

Coordinator: Yes ma'am. Again that is Star followed by 1. If you'd like to ask a question over the phone, please make sure your phone is unmuted and record your name when prompted. Thank you. I'm getting one question, Ms. Glaze, please let me get the name.

Jackie Glaze: Great, thank you.

Coordinator: Our question comes from (Pamela). Your line is open.

(Pamela): Yes, I just had a question about there was on one slide they were saying something about avoiding fraud for Medicare and Medicaid. Is that some kind of system issue or are you talking about the client or the provider? I was just curious about it. This is my first time on the meeting, so I wasn't sure about that question.

Ryan Shanahan: Sure. So in this context, you know, we're referring to fraud, waste, and abuse it refers to whether or not services were actually delivered as billed. So the purpose of EVV is to ensure that the caregiver was at the location of the

service, that the service was billed at the appropriate location and rendered to the appropriate individual, and the that billing aligns with the services rendered. So, you know, EVV was introduced as a method to help control fraud, waste and abuse by providing an additional check that states can use to ensure services were billed appropriately.

(Pamela): Okay, thank you.

Coordinator: Thank you. I'm showing no other questions at this time.

(Krista): I see one additional question in the chat here, which is a follow-up to the previous question, Ryan, that was asked of you. So a follow-up question, "Does CMS have guidance on how a caregiver is supposed to know if Medicaid will be a payer since they are not the primary payer? If the caregiver doesn't know if Medicaid is going to be a partial payer, how do they know if EVV should be conducted?"

Ryan Shanahan: We would recommend that you talk with your state Medicaid agency for guidance on, you know, whether or not the services that the caregiver is rendering are going to be billed under Medicare or Medicaid, or have the potential to be billed under Medicaid, and are therefore required in this EVV.

(Krista): Thank you. I'm seeing no other questions in the chat function.

Jackie Glaze: Okay, thank you, (Krista). (Missy), any questions in the queue?

Coordinator: Not at this time, ma'am.

Jackie Glaze: Okay. Okay, we'll give it just another minute or two, and then we'll conclude early today. Okay, so in closing I would like to thank Ryan Shanahan for his

presentation today. Looking forward, we will provide the topic and invitations for the next call.

If you do have questions that come up before the next call, please feel free to reach out to us, your state leads or bring your questions to the next call. So we do thank you for your questions and your participation today, and we hope everyone has a great afternoon. Thank you.

Coordinator: Thank you. That does conclude today's conference. You may disconnect at this time, and thank you for joining.

[End]