



All-State Medicaid and CHIP Call

August 22, 2023



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Agenda

- Overview of CMS Electronic Visit Verification (EVV) Learning Collaboratives
- Open Mic Q and A

Overview of CMS Electronic Visit Verification (EVV) Learning Collaboratives

Division of Long-Term Services and Supports
Medicaid Benefits and Health Programs Group
Center for Medicaid & CHIP Services

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Overview

- The Centers for Medicare & Medicaid Services (CMS) Division of Long-Term Services and Supports (DLTSS) has hosted 16 Learning Collaboratives on topics related to electronic visit verification (EVV) since January 2019, following passage of the 21st Century Cures Act (the Cures Act) in 2016.
 - The Cures Act required states to implement EVV systems – technological solutions that verify where and when select in-home Medicaid services are delivered – or face reductions in their federal match for those services.
 - Across the 16 EVV Learning Collaboratives, CMS has aimed to foster open discussion among states and other stakeholders regarding the implementation and operation of compliant EVV solutions, featuring a panel of state staff and/or other experts in home and community-based services (HCBS) who respond to moderated questions.
 - Over 1,100 unique attendees have participated in the 16 Collaboratives since 2019, including staff from 49 states and the District of Columbia, providers, advocates, and others.
- This presentation will summarize key topics from each Collaborative.

EVV Learning Collaborative Topic Areas

1 EVV Models and Solutions

2 EVV Technologies

3 Accessibility & Inclusivity of Populations Under EVV

4 EVV Implementation: Approaching the Cures Act Deadline

5 Achieving and Monitoring Compliance with the Cures Act

6 Operation of a Compliant Solution

7 Billing Validation and Oversight with EVV

8 Updating and Adapting EVV

9 Considering Service Recipients in Ongoing EVV Operation

10 Overcoming Challenges to Achieving Full Compliance with the Cures Act

11 Opportunities for Interagency Collaboration for the Implementation and Operation of EVV

12 Building on Successes of EVV Implementation

13 Considering New Users with the Implementation of EVV for Home Health Care Services (HHCS)

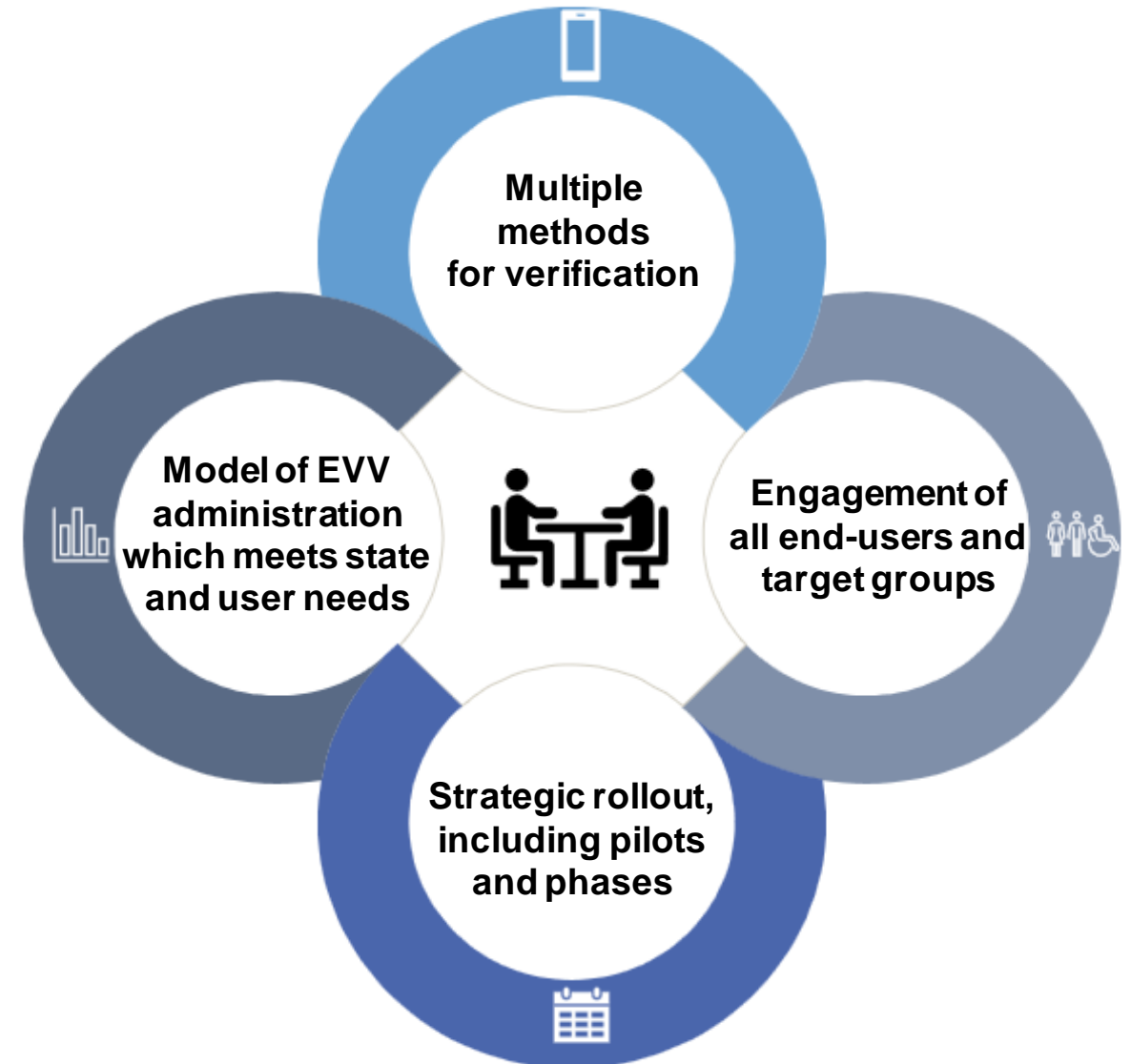
14 Addressing Barriers in Implementing & Integrating EVV for HHCS

15 Addressing Competing Priorities in the Implementation of EVV for HHCS

16 Using EVV to Address and Support Program Goals, Including Participant Health and Welfare

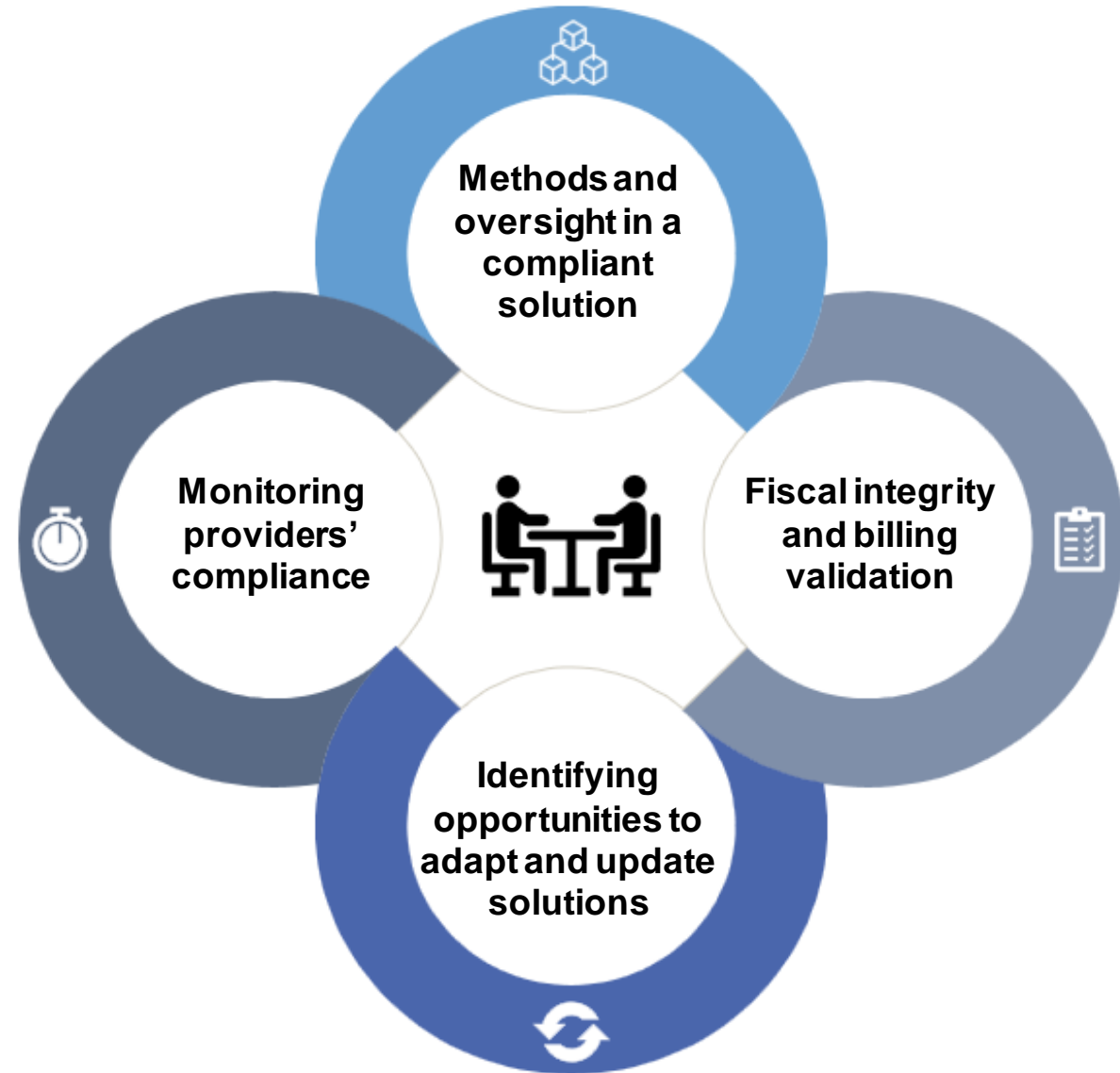
Approaching the Cures Act Deadline

- The first five Collaboratives discussed system design and rollout leading up to the first implementation deadline mandated by Congress, focusing on how states can most effectively:
 - Administer EVV solutions statewide.
 - Collect required data elements through multiple methods or technologies.
 - Train providers and participants on system usage.
 - Strategize on rollout of EVV for personal care services (PCS).
- Throughout these sessions, CMS and states emphasized the importance of ongoing stakeholder engagement, including by meeting with all providers, publishing FAQs, and responding to requests for technical assistance.
- Collaborative panelists noted that flexibility in how visits are verified can aid in securing providers' and caregivers' buy-in and trust.



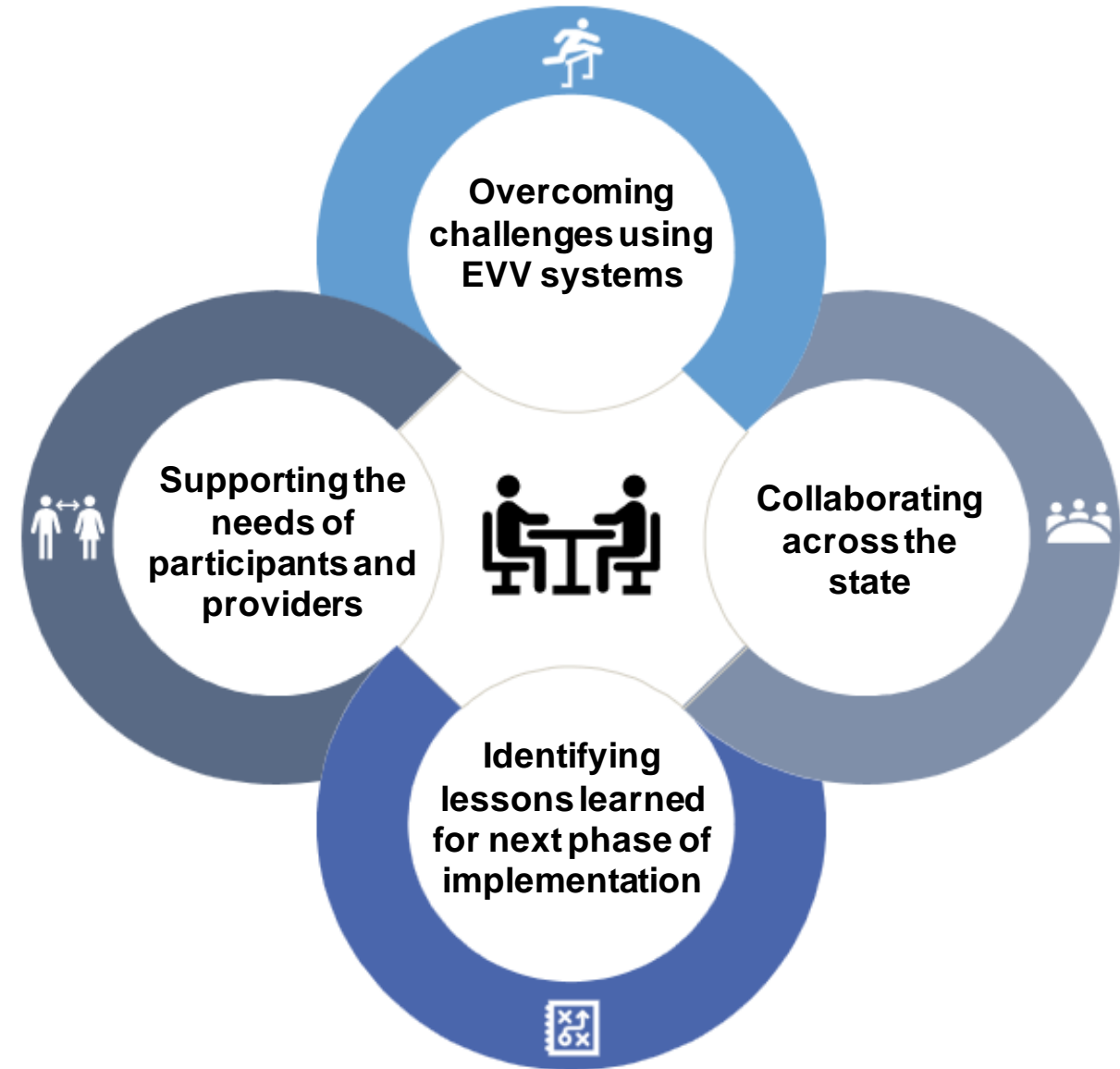
Achieving Compliance & Initial Operation

- The next several Collaboratives discussed implementation strategies to achieve a compliant solution for PCS. States shared how they achieved compliance, their billing methods and fiscal integrity oversight methods, and updates and enhancements they made to achieve a compliant system.
- As states continued to engage stakeholders, they may find opportunities to adapt and update solutions.
 - As states come into compliance with federal requirements, working with providers and caregivers to ensure their compliance with state expectations was paramount to a smooth rollout.
 - Monitoring data on usage and manual entries, or edits to electronically-captured data (e.g., when a caregiver forgets to or is unable to check-in), has helped states target struggling providers with technical assistance and can alleviate potential financial penalties on providers for EVV errors.



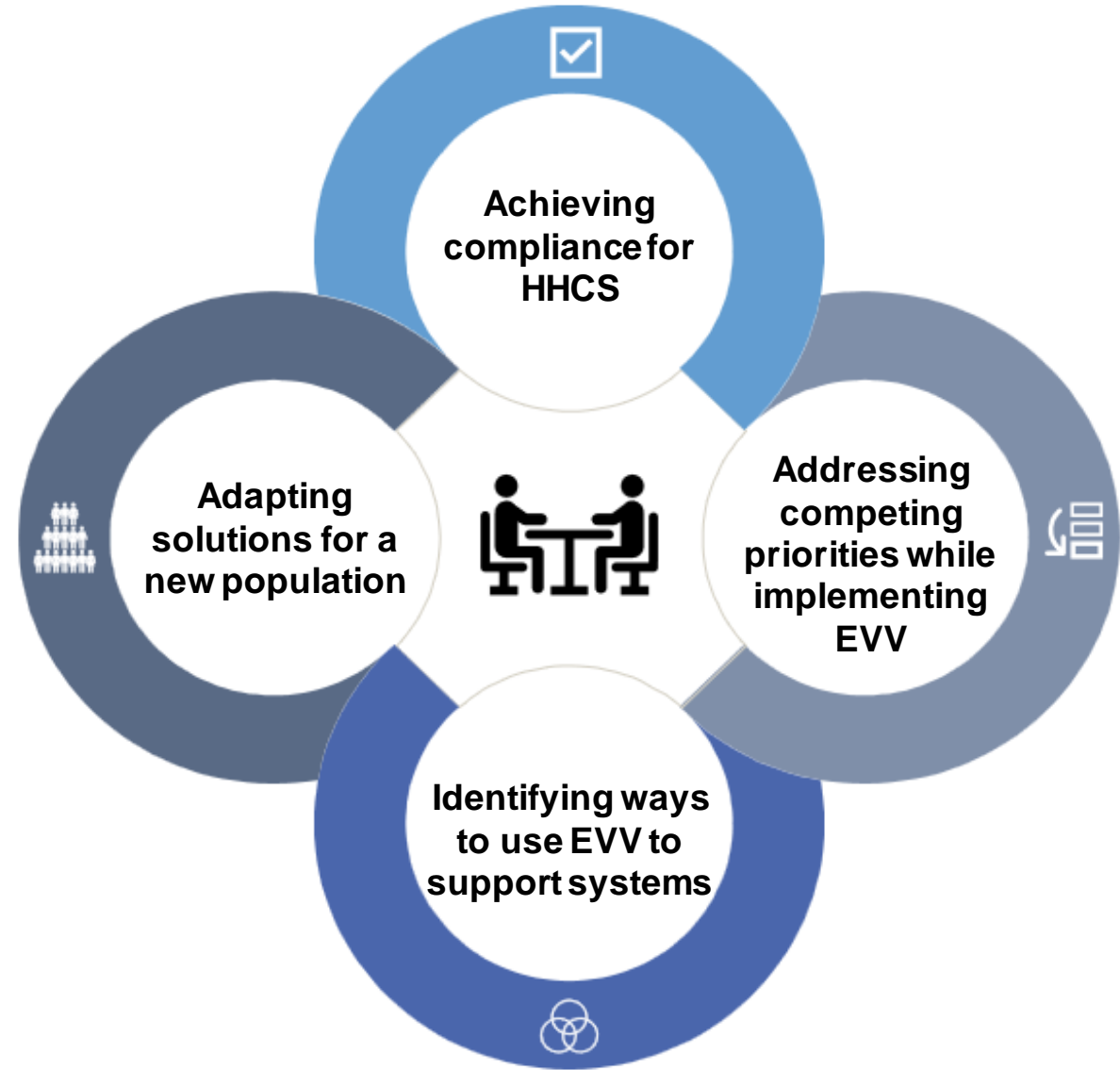
Operating and Enhancing EVV Solutions

- As states continued to operate their systems prior to the second phase of implementation, for HHCS, they discussed best practices for integrating and enhancing their solutions.
- This included ongoing efforts to:
 - Engage new and existing stakeholders.
 - Adapt solutions to the needs of end-users (e.g., by expanding available technologies for verification, by adjusting units of service to reflect feedback on EVV, by extending geofencing to accommodate participant location, etc.).
 - Collaborate across state entities to best support the delivery of care and operation of the system.
- States also looked back on their implementation process to identify lessons from the implementation of EVV for PCS and leverage takeaways and successes for EVV for HHCS.



HHCS Implementation and the Future of EVV

- The most recent Collaboratives have highlighted solutions to challenges states face in implementing EVV for HHCS, as well as how states can leverage EVV processes and data to support service delivery and program integrity.
- Throughout both phases of EVV implementation, states have found it imperative to:
 - Emphasize adherence to participants' person-centered service plans, especially with the introduction of potentially new technologies.
 - Continue to engage, support, reassure, and train participants, providers, caregivers, and families.
 - Reassure users that the Cures Act only requires location capture at the start and end of the service. Location is not required to be captured as the individual is moving throughout the community.
 - Adopt written policies for manual edits to reduce burden on providers and caregivers.
 - Integrate systems across the state to improve care.



Looking Forward with EVV

- As states' EVV solutions mature and become integrated into providers' and participants' expectations of care, states have an opportunity to leverage EVV for other program goals beyond identification and prevention of fraud and waste in Medicaid billing.
 - For example, the most recent Collaborative explored states' plans for linking EVV with elements relating to participant health and welfare by confirming that service delivery aligns with the person-centered service plan, allowing caregivers to document observations of potential abuse, and flagging potential needs for follow-up by case managers.
 - EVV may also help states understand provider network adequacy, assumptions around caregivers' travel time, and other trends, with the proper data.
 - Importantly, states should consider how to address concerns by providers about the introduction of EVV to their already constrained workforces, including by ensuring both caregivers and beneficiaries receive adequate training. When adopted, EVV may alleviate some of the administrative burdens on providers and caregivers by streamlining and automating billing procedures.
 - States should continue to monitor their systems' performance and policies, and adjust or adapt them as needed. Continued stakeholder engagement will help states understand where and how to make necessary changes to address end-users' concerns.
- Future Learning Collaboratives may explore these areas, and state staff can email HCBSEVVL@guidehouse.com to register for future sessions.

Questions
