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21ST CENTURY CURES ACT: ELECTRONIC VISIT VERIFICATION…AND BEYOND

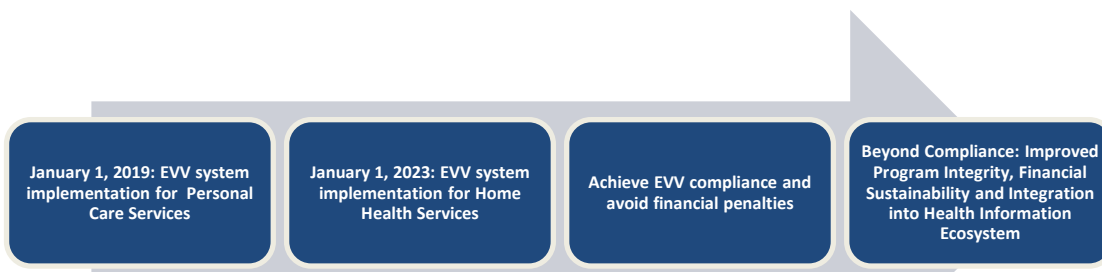*Written by Mike Smith, Kim Donica, Lorene Reagan and Wendy Woske*

How Will You Meet the New EVV Challenge?

As we enter 2018 states are focusing on how they will comply with the electronic visit verification (EVV) requirements in the 21st Century Cures Act (the Act). The Centers for Medicare & Medicaid Services (CMS) established two (2) clocks for compliance: the first clock set for January 1, 2019, impacts personal care services and the second clock set for January 1, 2023 impacts home health services. States face escalating financial penalties of up to 1% of FFP for these services for failure to meet each compliance timeframe.

Under the Act, the intent of EVV systems is to efficiently and accurately track the provision of in-home services provided to individuals receiving Medicaid funded personal care and home health services. The data generated by these systems provides greater efficiencies and opportunities to improve program integrity and long term financial sustainability. In fact, the Congressional Budget Office scoring of the Cures legislation attributed EVV system implementation with savings of $290M between Fiscal Years 2017-2026.

Well-designed EVV systems offer states a unique opportunity to harness valuable data and information that can promote health and welfare, improve care outcomes, and promote greater client and provider satisfaction. Effective EVV systems align with the requirements of the Cures Act by ensuring electronic verification of the basic elements of time and attendance and can also provide information necessary for auditing the delivery of service, reducing the likelihood of fraud and waste.

The EVV Implementation Continuum

| January 1, 2019: EVV system implementation for Personal Care Services | January 1, 2023: EVV system implementation for Home Health Services | Achieve EVV compliance and avoid financial penalties | Beyond Compliance: Improved Program Integrity, Financial Sustainability and Integration into Health Information Ecosystem |

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Beyond Compliance

Long term value of EVV systems can be found in expanded uses beyond tracking and monitoring service delivery—including notification of changes in a person's condition, real time missed visit notification, conducting surveys of a person's service experience, and improved provider efficiency and satisfaction through activities like expedited payroll processing and claims management.

For some states, EVV offers an even greater opportunity to link EVV systems to the broader health information exchange and technology ecosystem, allowing states to successfully harness data and turn data points into actionable information. For example, a state may want to consider how their EVV system will interface with other components of its Medicaid HIT system such as interfacing EVV missed visit data with claims or encounter data.

For states with concerns around the fiscal implications of implementing an information technology heavy solution, the Advance Planning Document (APD) approval process for Medicaid Information Technology (IT) projects may enable a state to draw down a 90% federal funding match for the cost of designing, developing and installing a system and a 75% match to operate and maintain a system.

In Conclusion

States are at various points on the EVV compliance continuum.

For states who are just starting the process, Mercer has developed an EVV Toolkit that includes:
- "Mercer's EVV Questions for States" that helps states develop their EVV strategy and identifies possible policy changes needed to support implementation.
- Communication plans that include processes for stakeholder engagement and feedback.
- An environmental scan of the current state of the EVV landscape.
- Strategies for APD development/approval.
- Identified best practices and implementation plans that can be customized for a state.

For states further along in their process consider whether you need assistance with:
- End-to-end procurement.
- Implementation and project planning.
- Readiness assessments.