

MERCER GOVERNMENT HUMAN SERVICES CONSULTING



Cures Act: Electronic Visit Verification and Beyond

CURES ACT

With the passage of the 21st Century Cures Act (Cures Act) CMS established two clocks for compliance with electronic visit verification (EVV) requirements. 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.

Well-designed EVV systems can efficiently and accurately track the provision of in-home services provided to individuals receiving Medicaid funded personal care and home health services providing states the opportunity 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.

EVV AND BEYOND

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

Long term value of EVV systems can be found in expanded uses beyond tracking and monitoring service delivery to features – including notification of changes in a person's condition, 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.



Real Challenges and Real Solutions

We understand that each state may be in a different place on the EVV implementation continuum and we recognize the various challenges and barriers that implementation of the Cures Act presents. We have developed strong tools, based on our experience working with states to implement these systems, and have designed our approach to meet you where you are at and to help you achieve your goals; whether you are just beginning the journey or you are getting ready for implementation.

Are you asking these questions?

1. How are we going to make the January 1, 2019 target date?
2. What options do I have to ensure compliance?
3. Why do we need to gather member or provider input?
4. How do I select an EVV vendor?
5. How do I ensure the system is ready for implementation?

If you are working to answer one or more of these questions, we have real solutions to help because our consulting team consists of individuals that are skilled in project management, Medicaid subject matter experts and individuals that have worked at both the Federal and state levels crafting policy and contracting for EVV systems. We have used our experience to develop

our tools and strategic approach that allow us to meet you where you are and develop a pathway forward regardless of where you may be on the EVV implementation continuum.

For states with concerns around the fiscal implications of implementing an information technology heavy solution, Mercer can assist states through the Advance Planning Document (APD) approval process for Medicaid Information Technology (IT) projects which 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.

For states 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 Mercer can provide:

- End-to-end procurement assistance
- Implementation and project planning
- Readiness assessments

We help ready our clients for what’s next: the next policy, the next budget, the next administration, the next opportunity.

We deliver an individualized focus, powered by industry-leading experience, integrated capabilities and passionate people. We help clients achieve better outcomes, develop and deploy defensible strategies, and reshape the delivery of health care.

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