Electronic Visit Verification (EVV)

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"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

Agenda

- Meeting Overview and EVV Basics
- MDHHS Efforts
- Responding to Stakeholders and Partners
- High-Level Timeline
- Planned Questions and Open Discussion

Meeting Purpose and Overview

- Stakeholder and partner involvement is important to a successful EVV implementation.

- This meeting builds on a survey MDHHS released last year and meetings MDHHS held before the COVID-19 pandemic.

- MDHHS is preparing to send out a request for proposals (RFP) to buy an EVV system.

- The goals of today's meeting are to:

  - Refresh stakeholders and partners on EVV basics.

  - Get your input on key decisions MDHHS needs to make.

Commitments to Stakeholders and Partners

Limit administrative burden to the fullest extent possible.

Use the late adopter position to get fully developed and mature tools and processes.

Include stakeholders and partners in the process.

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EVV Basics

Why — The 21st Century Cures Act required states to put into place an EVV system for Medicaid-funded Personal Care and Home Health Care Services.

When — The Cures Act required States to have EVV in place by January 1, 2020, for Personal Care services and January 1, 2023, for Home Health Care services or lose federal Medicaid dollars.

What — EVV is the provider's real-time record of the day, time, location, and type of service provided.

Who — EVV can also let the person who receives the services see and approve the real-time record of the time, location, and type of personal care or home health care services provided.

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EVV Basics
21st Century
Cures Act

- In December 2016, a federal law called the 21st Century Cures Act passed. Part of that law requires states to put into place an EVV system.

- The EVV system collects data that can be used to:
  - Improve management and oversight of services.
  - Improve self-direction of services.
  - Prevent fraud, waste, and abuse.

- EVV does NOT apply to congregate residential settings where 24-hour service is available (such as group homes and assisted living facilities).

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EVV Basics
EVV Systems

An EVV system must collect the following information:

- o Type of service performed
- o Person receiving the service
- o Date of the service
- o Location of the service
- o Person providing the service
- o Time the service begins and ends

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EVV Basics
Personal Care
Services Defined

- Personal care services include help with:
  - Activities of Daily Living (ADLs), such as bathing, dressing, toileting, mobility, and grooming.
  - Instrumental Activities of Daily Living (IADLs), such as meal preparation, shopping, laundry, and housekeeping.

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EVV Basics
Home Health Care Services Defined

- EVV must be used to record all home health services that require an in-home visit.
  - For more information, see the May 16, 2018, CMS Informational [Bulletin and FAQ](#).
- For a list of Home Health services in the state of Michigan, see the [Michigan Medicaid Provider Manual](#), Home Health chapter.

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EVV Basics
Who is impacted by EVV?

Program	Personal Care Services	Home Health Care Services
MI Choice	X	
MI Health Link	X	X
Medicaid Managed Care		X
Behavioral Health	X	
Home Health		X
Home Help	X	
Community Transition Services	X	

MDHHS Efforts

- Since 2018 MDHHS has:
  - Assessed stakeholder and partner awareness of the Cures Act.
  - Studied EVV systems in other states.
  - Surveyed Medicaid providers in Michigan to measure their readiness for EVV.
  - Researched the kinds of devices used to collect EVV data.

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MDHHS Efforts
Where is MDHHS Today?

Funding in the current year budget to start the RFP and move forward with EVV.

EVV technology and processes have matured. The chosen system will be user-friendly for both beneficiaries and providers.

The state of Michigan is paying penalties due to delayed EVV implementation.

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MDHHS Efforts
Decisions

MDHHS has made the following decisions about an EVV system for Michigan:

- An Open Vendor model that allows providers to use:
  - The state EVV system or
  - Another EVV system of their choosing that meets state requirements.
- There will be no cost to providers to use the state EVV system.
  - Users may be charged fees by their cell phone or internet provider

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Responding to Stakeholders and Partners
Key Themes from Research on Other States and Stakeholder Feedback

Support for the Hybrid Model

- Some survey respondents preferred a state EVV system while others wanted to use their own EVV systems. The Open Vendor model allows both.

Desire for Ongoing Engagement

- MDHHS will use best practices to educate and train all who are affected by the EVV implementation.

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Responding to Stakeholders and Partners
Concerns Raised in Previous Meetings

"EVV will be difficult to put into place given my staffing and training challenges."

As a late adopter of EVV, Michigan will be able to take advantage of technology advancements that ease the burden on attendants, beneficiaries, and agencies. MDHHS is seeking an easy-to-use EVV system with ample training and help for all stakeholders and partners.

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Responding to Stakeholders and Partners
Concerns Raised in Previous Meetings

"I'm worried that EVV will affect my payment for services."

Per the federal Cures Act, states can only pay for services correctly recorded in EVV. However, Michigan is committed to setting clear expectations, working together with providers and managed care programs on training and the roll-out of EVV, and phasing in requirements where possible.

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Responding to Stakeholders and Partners
Concerns Raised in Previous Meetings

"There is limited internet service where I provide services today."

Current EVV systems safely store the data until it can be uploaded when the user gains internet access. Michigan will also work with its EVV vendor to ensure there are other methods for recording and uploading data when necessary.

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High-Level Timeline

Q3 - 2022			Q4 - 2022			Q1 - 2023			Q2 - 2023			Q3 - 2023			Q4 - 2023			Q1 - 2024		
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

RFP Release

RFP Response Selection and Vendor Contracting

Vendor Engagement & System Configuration

Stakeholder & Partner Engagement & Training

EVV Goes Live (launches are intended to be staggered by program)

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EVV Resources

- CMS:
  - Cures Act Informational Bulletin: https://www.medicaid.gov/federal-policy-guidance/downloads/cib051618.pdf
  - EVV Updates: https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html

- MDHHS:
  - Listserv Instructions: https://www.michigan.gov/documents/LISTSERV_127789_7.pdf
  - EVV Website: www.Michigan.gov/EVV
  - EVV Email: MDHHS-EVV@Michigan.gov

Planned Questions and Open Discussion

For questions about EVV, email MDHHS-EVV@Michigan.gov

Guidelines For Discussion:

- Keep a positive atmosphere
- Respect each other's opinions and statements

Parking Lot Items:

- Pay rates and reimbursements
- Open & ongoing issues with:
  - Policies
  - Prior authorization
  - Program-specific cases

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1. Do you have concerns about using EVV for the billing (or claims submission) function?

2. What COVID-19 related changes to personal care or home health services have you faced that MDHHS should consider when choosing its EVV system?

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3. MDHHS plans to require users to access the state's EVV system and record EVV data on their own devices (such as cell phones, computers, and landline phones).

What concerns do you have about this approach?

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4. Some EVV systems require an authorization and a visit to be <u>scheduled</u> before the provider can record EVV data for that visit. This approach allows greater care coordination and quick identification of missed visits. However, it also adds more work to ensure matching authorizations and schedules.

Do you believe visit scheduling should be a required part of the state's EVV system?

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5. EVV implementations in other states have taken a variety of approaches to phasing in requirements.

- In some states, providers can be paid for services during the grace period even if they don't use EVV. However, once the grace period ends, providers are only paid for services they correctly record in EVV.

- In other states, providers can only be paid during the grace period for the services they record in EVV. However, they can make as many manual changes to their EVV record as they want. Once the grace period ends, manual changes are limited, and providers are paid for services they correctly recorded in EVV.

What advantages and disadvantages do you see in one or both of these approaches?