“How to Prepare for Successful Electronic Visit Verification”

Nebraska Home Care Association

Joe Schnur

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TELLUS

About Us

A leading SaaS technology company driving the national expansion of Electronic Visit Verification (eVV) for State Medicaid, MLTSS Payers, and Providers

Our time today…

- EVV history and the 21st Century Cures Act
- State status and models
- EVV Solutions and how they work
- Provider value
- Implementation timelines
- Demo of Tellus mobile app

EVV History and “The Mandate”

What is EVV?

Mobile technology required by the 21st Century Cures Act for personal and home health care:

- **Accurately verifies visit activity** and services delivered for personal and home health care
- **Provides transparency** via real-time data to improve recipient outcomes, operational efficiencies and program integrity
- **Improves communications** between caregivers in the community and onsite with members and their administrators
- **Reduces Medicaid fraud, waste, and abuse**

21st Century Cures Act

- In December 2016, President Obama signed into law the 21st Century Cures Act
- Section 12006(a) of the bill directs States to require the use of an EVV system for Medicaid-provided personal care services and home health services
- States that do not require a system for personal care services and home health services by the mandated deadline of 1/1/2020 will face escalating reductions in federal funding
- To fulfill the federal requirement, an EVV system must provide the following information:

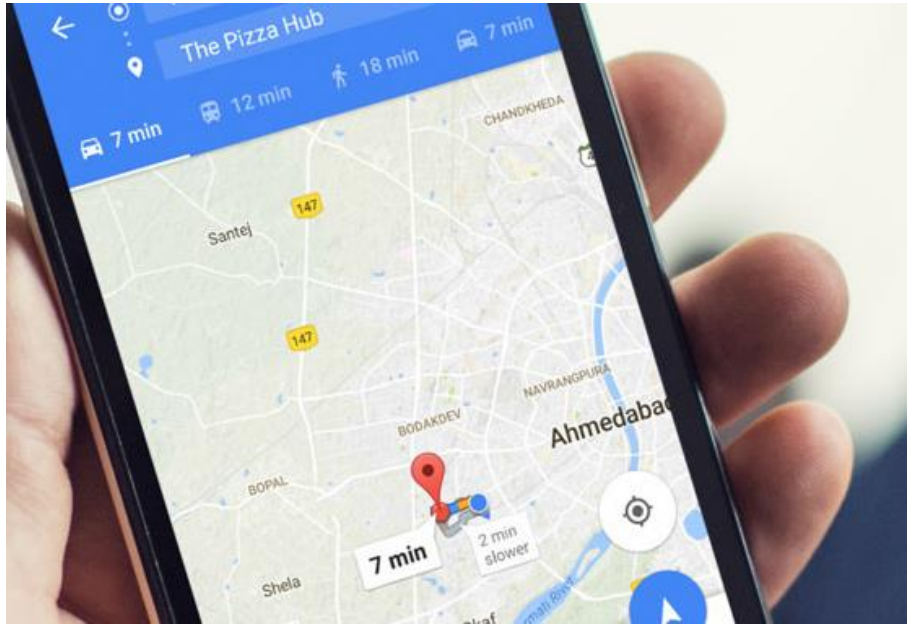
Date of service	Type of service
Location of service	Individual receiving service
Name of individual providing service	Time the service begins and ends

Benefits of EVV

Reduced Fraud, Waste, and Abuse

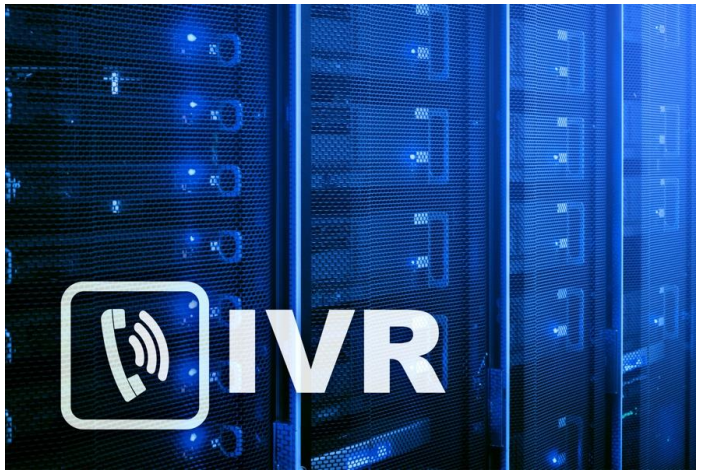
Greater Transparency

Improved Care Outcomes



eVV Alternatives

- **GPS —** Standard Offering
- **Small Alternative Device (SAD) —** Proof of Concept
- **IVR —** Standard Offering
- **Paper —** Standard Offering (last resort)



Current State Regulatory Environment

21
states have made a decision regarding their EVV Vendor

6
states have an RFP in process

70%
states have elected the open model regulatory model

22
states have taken no action regarding the EVV mandate

To meet the requirements, States have adopted different approaches to EVV

Medicaid EVV Total Addressable Market

$50 million

State Implementation Considerations

EVV Models Implemented to Date:

1. State Choice (Closed)
2. MCO Choice
3. Provider Choice
4. Hybrid Models (Open)

Satisfy the Mandate

Collect and report on the 6 required data points

Go Beyond the Mandate

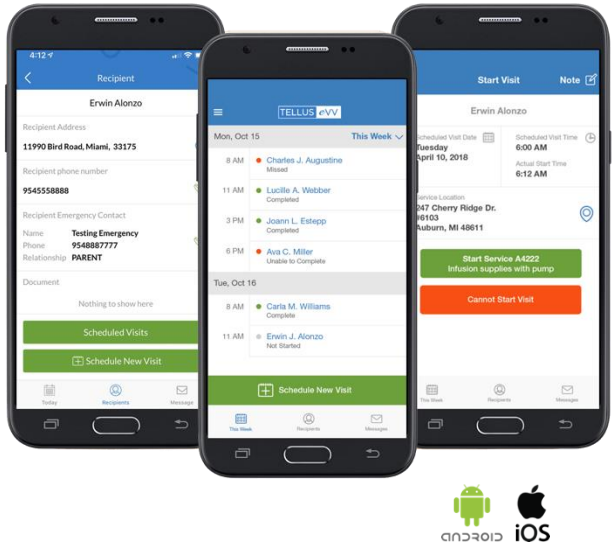
Utilize collected data for

- Claims Processing
- Performance Analytics
- SIU/FWA Reporting

Components of an Electronic Visit Verification Solution

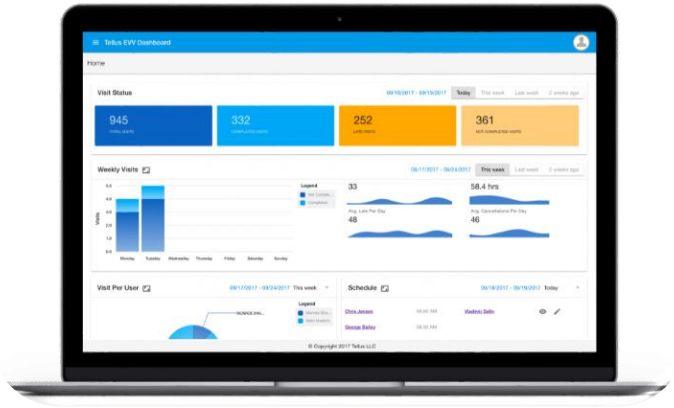
EVV System Components

CAPTURE



Point of Care check in, check off & check out

MANAGE

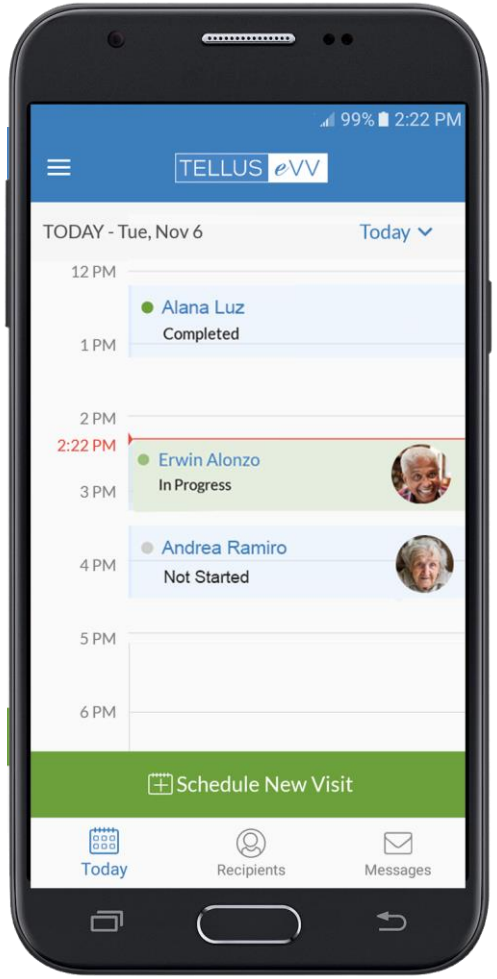


Real-time data management

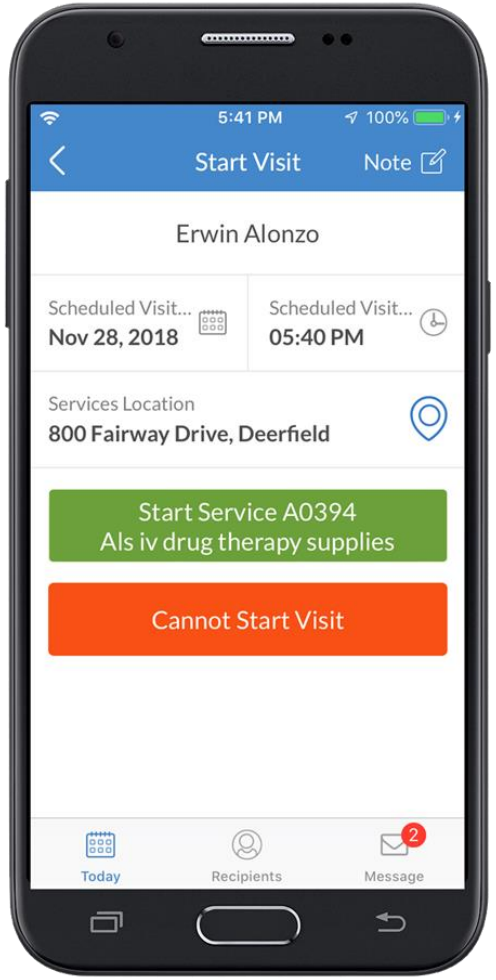
PROCESS

Visit Verification, Data Aggregation & Fraud-Waste-Abuse BI

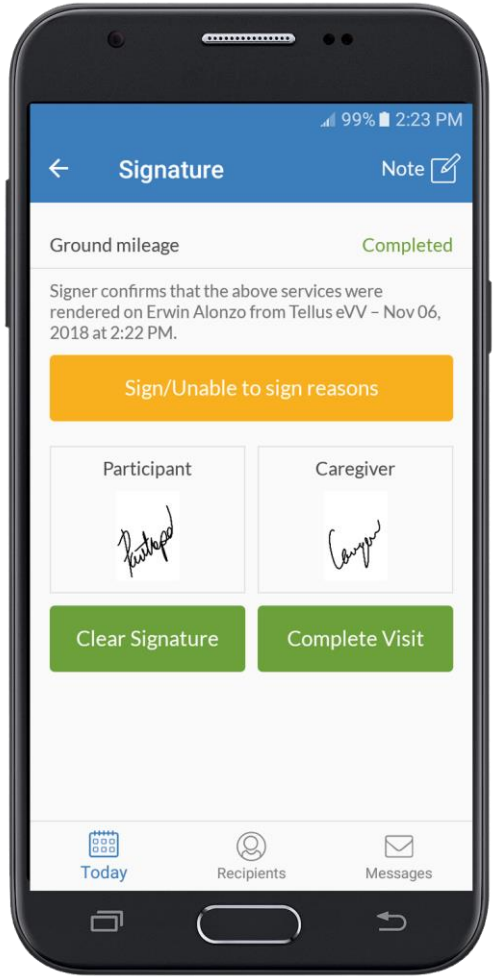
Capture: Caregiver Experience



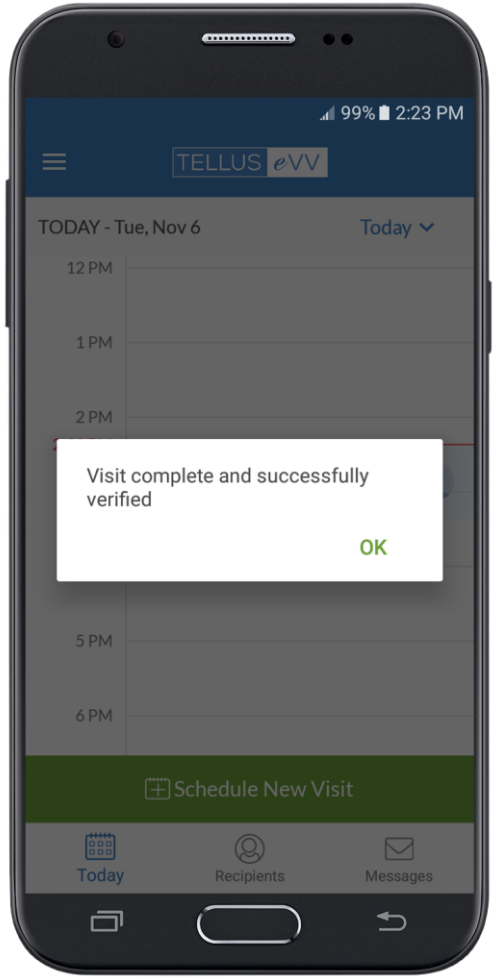
Manage Schedule



Check In

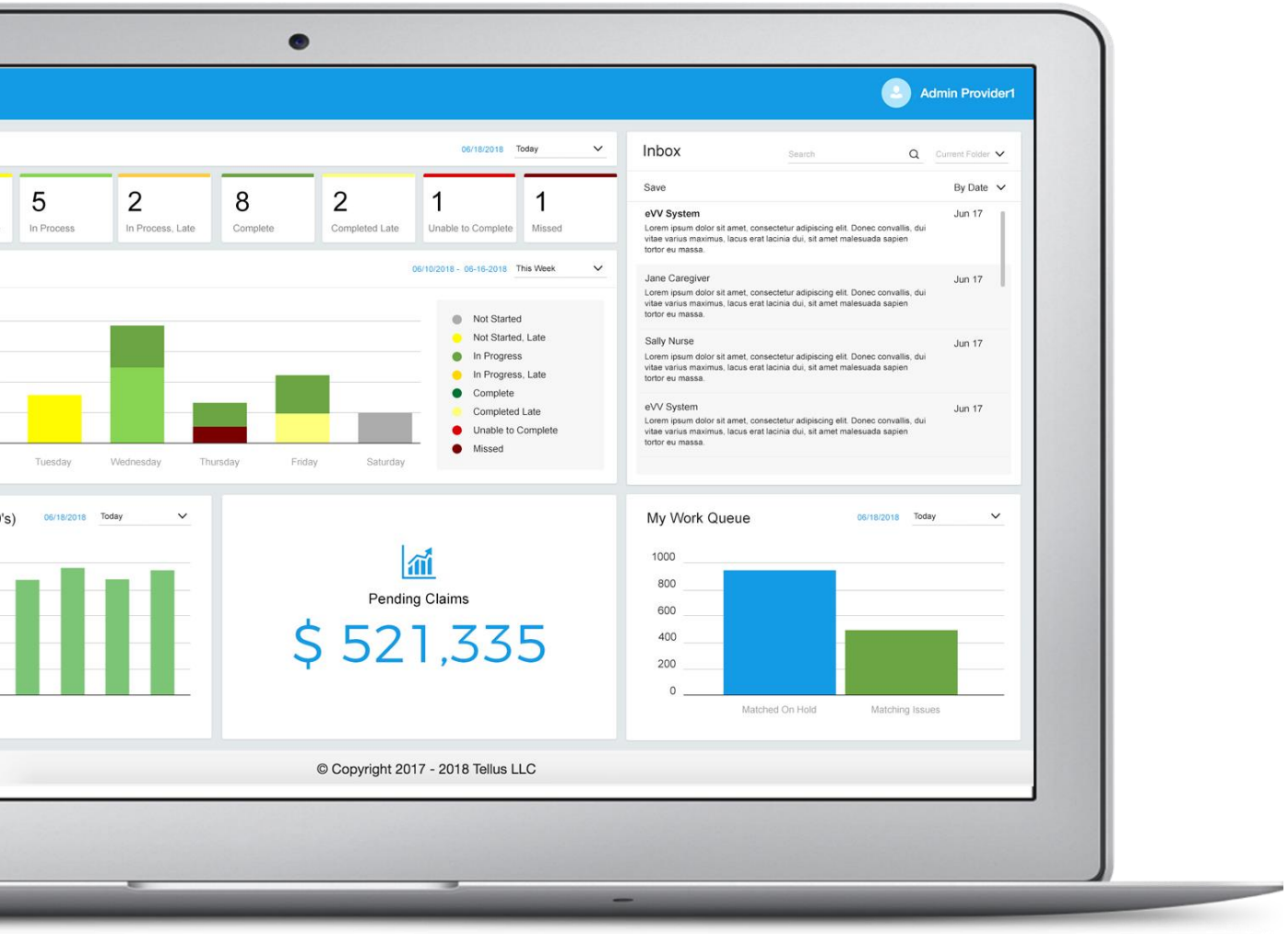


Check Out

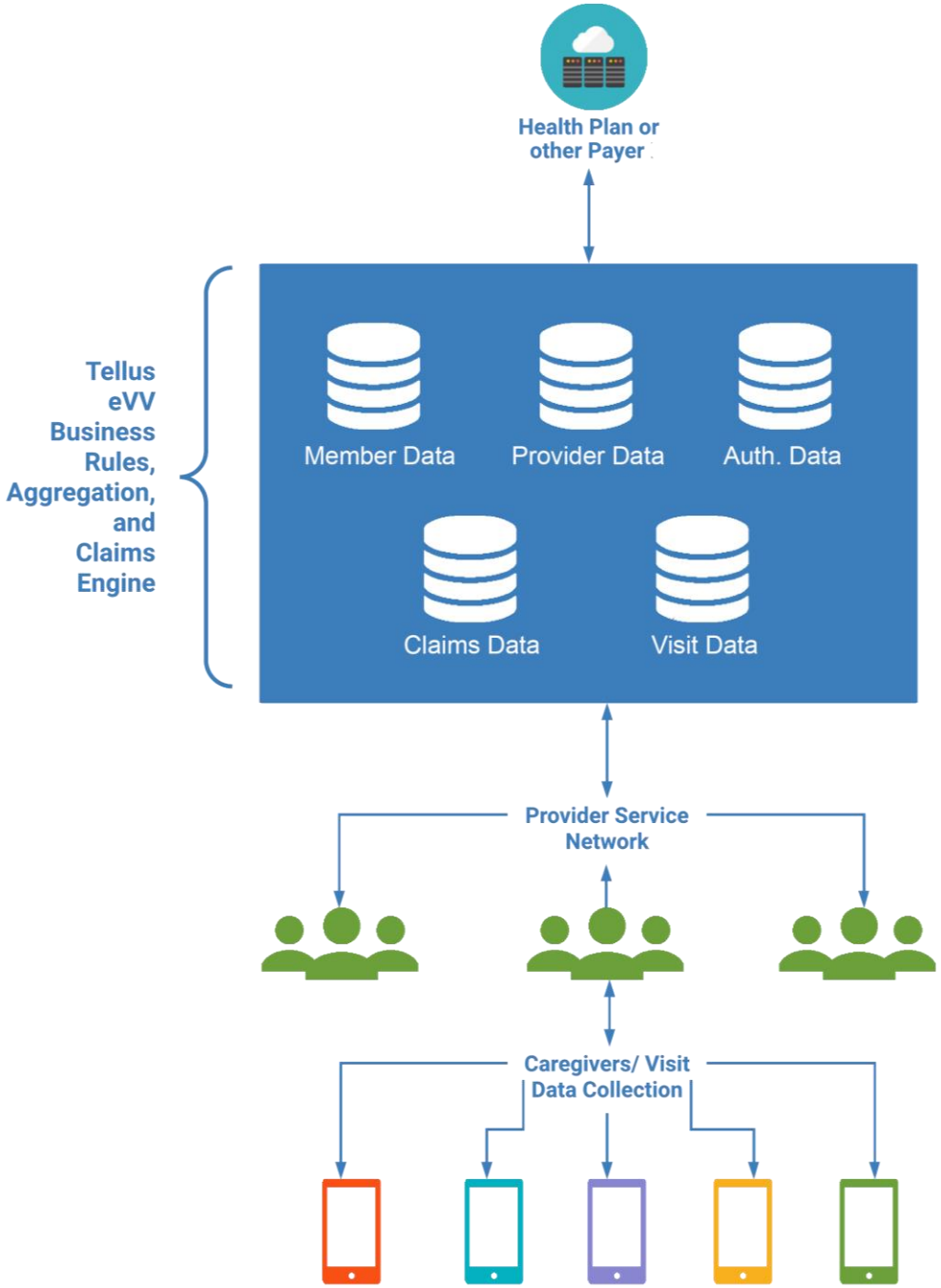


Verify

Manage: Payer Analytics



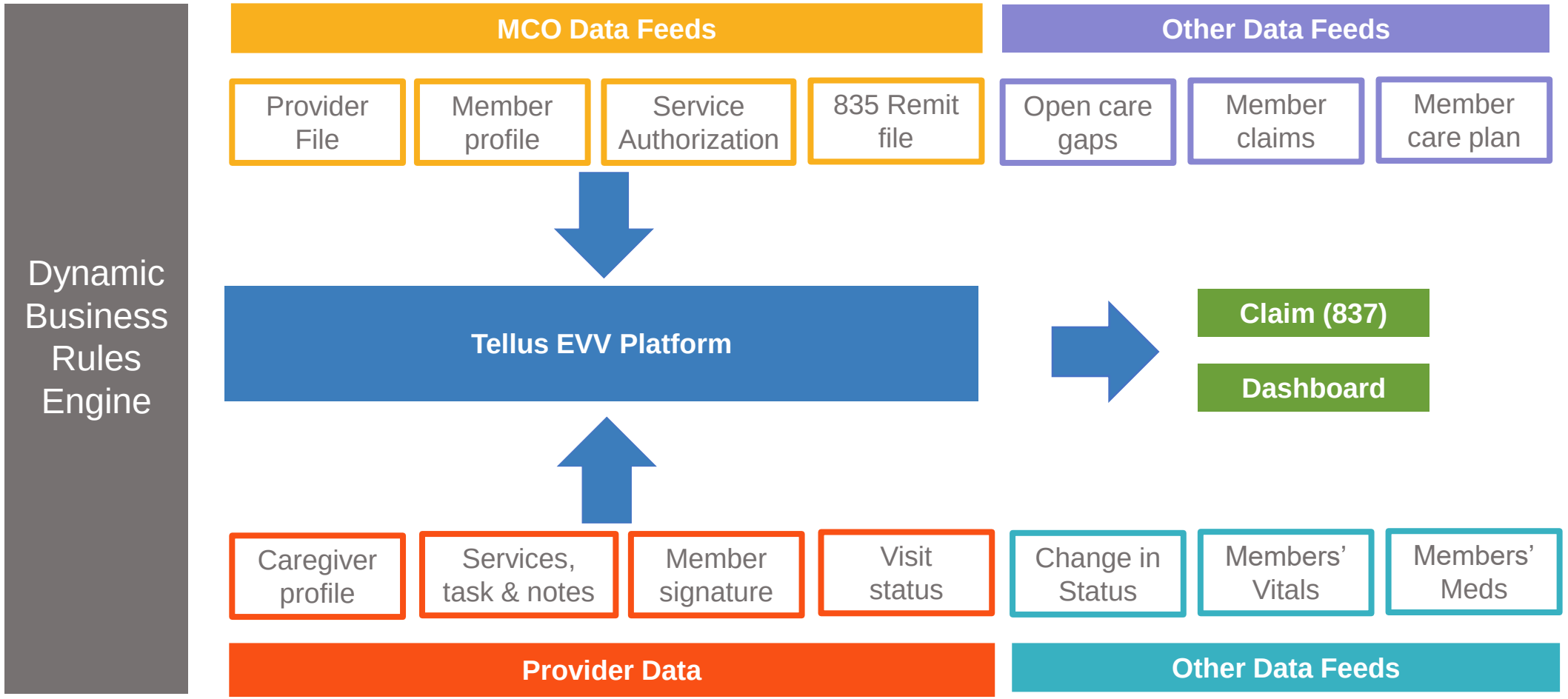
- Provider Performance
- Network Adequacy
- Service Delivery
- Visit Efficiency
- FWA



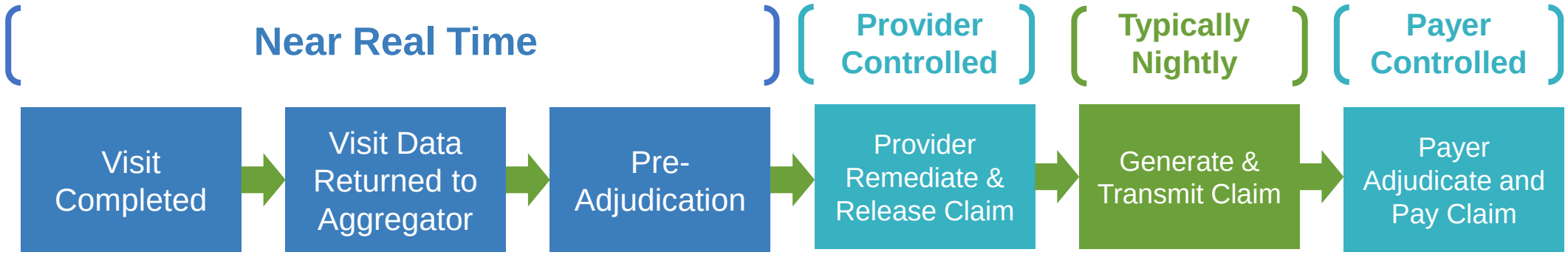
Process

- Aggregate visit data from multiple sources
- Cleanse data for formatting errors
- Visit Verification
- Match visits against Eligibility & Authorizations
- Process payer-specific business rules
- Provider portal for claim edit & submission
- 837P export to payer
- 835 reconciliation

Data Aggregation



Processing Timelines & Controls



EVV Greatly Improves Provider Revenue Cycles

Benefits of EVV

Federal Mandate

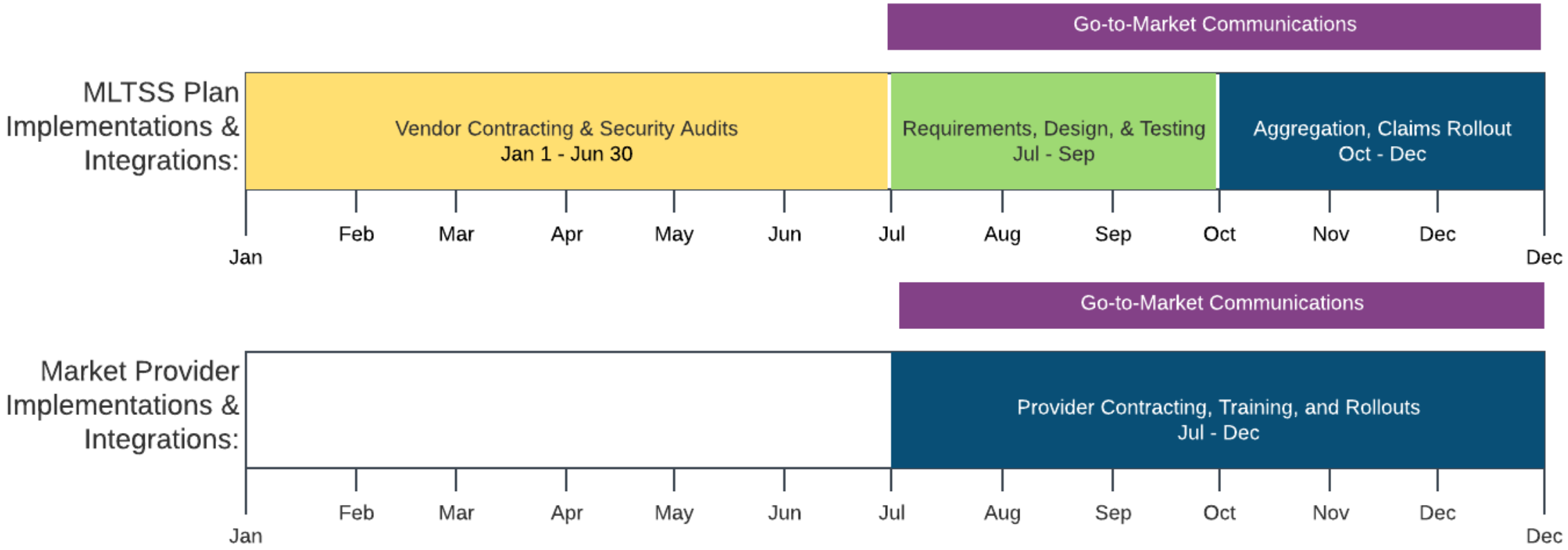
Providers

- ✓ Paperless workflow
- ✓ Visualize care delivery in real time
- ✓ Communicate with caregivers
- ✓ Centralize authorizations
- ✓ Automate claims submission
- ✓ Shrink revenue cycle

Managed Care Organizations

- ✓ Visualize care compliance
- ✓ Holding providers more accountable
- ✓ Clean claims
- ✓ Compare provider performance
- ✓ FWA Analytics

Implementation Timelines



Thank You!