Sandata

Santrax® Payer Management

Electronic Visit Verification™ Solutions

Increasing the Capacity to Care
Improving the Process of Home Care

The Federal EVV Mandate:
Value Beyond Compliance
For Providers and Payers

Sandata Technologies, LLC
www.sandata.com

Agenda

- Establishing EVV Credibility
- 21st Century Cures Act Overview
- What is Electronic Visit Verification?
- EVV Models and Scorecards
- Value Beyond Compliance

Establishing EVV Credibility

SOLUTIONS
INCREASING THE CAPACITY TO CARE BY…
✓ Optimizing the value of every in-home encounter
✓ Maximizing the efficiency of homecare Providers
✓ Enabling collaboration between Payers and Providers

EXPERIENCE
✓ Focused on homecare technology for over 38 years
✓ Deployed EVV in 1994, held patent until 2010
✓ Experience with 9 state Medicaid Agencies and 6 MCOs
✓ Only vendor with experience with all 4 EVV models

SCALE
✓ 180+ employees dedicated to the Home Care market
✓ Mobile users: 60K+
✓ 90+ integration points with homecare vendors
✓ Customers in 45 states, Puerto Rico and Canada
✓ Daily reach of 200K+ homes
✓ 3K+ providers using Sandata to manage 500K+ patients

21st Century Cures Act Overview

Electronic Visit Verification System Required for Personal Care Services and Home Health Care Services Under Medicaid

- **States that do not comply by the mandated dates will face an escalating penalty:**
  - Personal Care Services: January 1, 2019
  - Home Health Services: January 1, 2023
- **The EVV system must verify the following:**
  - Location and Type of service;
  - Individuals Providing and Receiving service;
  - Date and Time the service Begins and Ends.
- **States must:**
  - Implement a process to seek input from beneficiaries and caregivers
  - Consult with Agencies and ensure the program:
    - Is minimally burdensome, HIPAA compliant, takes into account existing EVV systems
- **CMS will publish best practices by Jan 1, 2018:**
  - Training caregivers on the use of the system and the prevention of fraud
  - Educating family caregivers and members on the use of EVV to prevent fraud

EVV qualifies for Enhanced Federal Match

90% Implementation Fees
75% Operational Fees

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CBO Scored EVV Mandate Positively

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Electronic Visit Verification (EVV): What is it?

Electronic Visit Verification is a modular technology solution that provides transparency into home based care delivery, supporting provider network optimization while improving the member's quality of care. Modules typically include:

- **Scheduling Module**
  - Scheduler contains data on provider, caregiver, member and authorizations;
  - Adherence to authorization is done at the point of scheduling, not after the service is delivered;
  - Missed or late scheduled visits create alerts to inform the provider that the member was not served according to the care plan.
- **Visit Verification Module**
  - When the caregiver arrives on site, they "check-in" using a variety of technologies (mobile, telephonic, device, etc.);
  - When they leave, they "check-out" via the same means;
  - The system accurately captures visit start, stop, duration, and tasks performed

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EVV Data Capture Technology Review

- Multiple verification modalities generally required
- Configurable Alerts
- Voice Biometrics
- Task Entry
- Mobile expands the capabilities of EVV beyond Time-in and Time-out

Mobile Visit Verification
- Triangulates location using GPS
- Available for tablets or phones
- Multiple Deployment Models, i.e. BYOD, Member Centric, Provider Supplied

Telephonic Visit Verification
- Uses ANI to match caller's phone number to provider account and caregiver location
- Declining prevalence of land-lines

Fixed Visit Verification Device
- Electronic random number match device
- Allows disconnected check in/out process
- Alternative Fixed Verification solutions, i.e. Bar Codes

Mobile Technology Evolving as the "Go To" Technology

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Evolving Technology Trends for EVV

Voice Recognition – The next disruptive technology?

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Evolving Technology Trends for EVV

Identity Verification:
Emerging Solutions to Deter Identify Theft

Facial Recognition

- **Registration with Driver's License and photo**
- **Login to EVV solution with a "selfie"**
- **Real-time facial recognition verifies identity**

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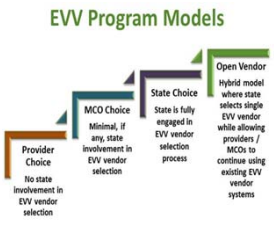
EVV Program Models

State-level Electronic Visit Verification ("EVV") programs are a relatively new concept, and today there are 19 States who have programs deployed or in implementation. As these early adopters have explored EVV, four major models have evolved in the market:

State Medicaid Directors Need to Choose an EVV Model

1. **Provider Choice Model** (Used by three States);
2. **MCO Choice Model** (Used by three States);
3. **State Choice Model** (Used by eleven States);
4. **Open Vendor Model** (Used by two States).



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Provider Choice

States that have implemented this model include:

- Missouri
- New York
- Washington

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Provider Choice

In this model, the state generally requires the provider community to self-fund, select and implement an EVV solution of their choosing. Some states have offered a preferred vendor list for providers to select from, while other states have simply established a minimum set of standards for vendor selection.

State	• The "Unfunded Mandate" • Enforcement has generally been "Pay and Chase" • Easiest model to implement
Providers	• All costs are the responsibility of the providers • Small agencies & Individual Providers ill-equipped • Generally low level of monitoring and compliance
Quality Monitoring	• Limited access to data • Disparity in EVV products - challenging to consolidate data • Retrospective audits are typically deployed
Outcomes	• There are no published studies showing savings attributed to the use of this model

This Model Can Be Improved With Aggregator Technology

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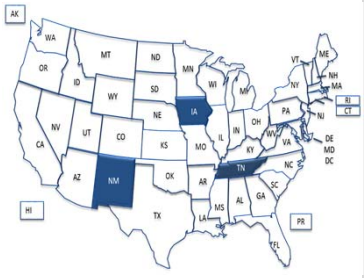
MCO Choice

States that have implemented this model include:

- Iowa
- New Mexico
- Tennessee



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MCO Choice

The state requires the MCOs to fund, select and implement an EVV solution of their own choosing. States may or may not set minimum standards for vendor selection and require a minimum set of reporting on EVV activity.

State	• Low cost model to implement • Data disparity can be a challenge with multiple EVV solutions • MCOs may or may not enforce compliance
Providers	• Multiple MCOs with multiple EVV solutions – Disaster?
Quality Monitoring	• Data disparity creates challenges for reporting & monitoring • Disparity in features/functionality from MCO to MCO • MCOs generally have Analytics capabilities
Outcomes	• There are no published studies showing savings attributed to the use of this model

This Model Can Be Improved With Aggregator Technology

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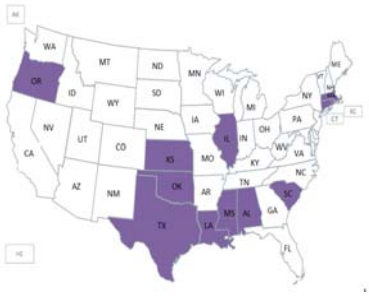
State Choice

States that have selected this model include:

- Alabama
- Connecticut
- Illinois
- Kansas
- Louisiana
- Massachusetts
- Mississippi
- Oklahoma
- Oregon
- Rhode Island
- South Carolina
- Texas



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State Choice

The state Medicaid program contracts with a single EVV vendors and mandates that all Providers use that vendor's EVV system The selected solution is implemented by the state, with states having direct management and oversight over the entire program.

State	• Qualifies for 90% Implementation match by CMS • Qualifies for 75% Operational match by CMS • Requires active involvement and management by the state
Providers	• Providers are provided EVV solution at "no cost" • Positive for small agencies or Individual Providers • Challenging for larger, technically sophisticated providers
Quality Monitoring	• Highest level of demonstrated compliance • Consistency of real-time data enables transparency • Alerting and monitoring of gaps in care
Outcomes	• Documented savings from 5-50% and Quality metrics have been produced from this model.

Mature Model That Has Delivered Documented Outcomes

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Open Vendor

A new model currently employed by Ohio.

Florida recently procured an Open solution for the FFS members covered by AHCA.

Many new procurements are selecting this model.

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Open EVV Choice

The Open Vendor Model is a new hybrid model where the state selects an EVV vendor, and allows Providers to use the state-selected solution at no-cost, or to continue using their current EVV solution. A vendor agnostic Aggregator solution receives data from all EVV systems and provides comprehensive oversight over the entire program – regardless of EVV system used.

State	• Least disruptive environment, most complexity for state • Qualifies for CMS Enhanced match: 90% and 75% • Heavy involvement in procurement and system management
Providers	• Maximum flexibility: use free system or system of their choice • Best suited for small and large providers • Will require integration with state Aggregator solution
Quality Monitoring	• Expect high level of compliance • Real-time visit data available to the Payers and Providers • Alerts can be configured for quality assurance
Outcomes	• There are no published studies showing savings attributed to the use of this model, but expect similar savings as the State Choice model (5-50%)

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Most States Are Considering This Model

Scorecard: Evaluating Each Model

Each State must carefully evaluate its unique environment in order to select the EVV model that is right for their program while complying with the new mandate. Factors:

- Concerns regarding fraud, waste and abuse within the provider network
- Impact of new technology to the provider network
- Overall service quality for recipients
- Impact of Managed Care companies to deliver services

Sandata has scored each of the ***Four Models*** based on how favorable they are to each of the three constituents - ***State, MCO, and Provider*** - using the following measures:

COMPLIANCE	COST	BUSINESS BURDEN	EASE OF IMPLEMENTATION	OUTCOMES
Measured in terms of adoption of the mandated EVV technology	Cost to implement (assumes enhanced federal match of 90%)	Effort to implement and manage the program	Complexity to implement on a statewide basis	Savings the program is expected to generate

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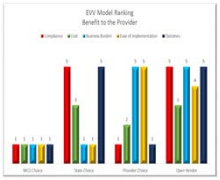
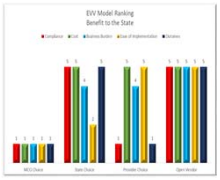
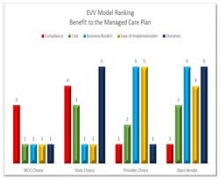
Scorecard: Benefits/Value of Each Model

Scoring the Models

- No model is perfect for all 3 constituents
- Value can be subjective
- There are clear preferences







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EVV Model Summary

EVV Programs Should Maximize the effectiveness of Medicaid programs by ensuring…

- **Compliance** that is targeted, measured, and enforced;
- **Efficiency** through the maximum use of technology;
- **Network Satisfaction** through Provider choice & involvement;

Reviewing the Various EVV Models, Two Models are Optimal to Maximize the Effectiveness of Medicaid Programs

1. **Provider Choice**
   - Providers select the EVV solution that is compliant with state requirements and best suited for their business practices;
   - State deploys Aggregator to collect EVV data from the Provider community;
2. **Open Vendor**
   - State provides EVV technology for Providers who need it;
   - Providers select a solution for EVV (either state-provided, or their own vendor selection);
   - State deploys Aggregator to collect EVV data from the Provider community.

Compliance, Cost, Business Burden, Ease of Implementation, Outcomes

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Nobody Likes a Mandate

However, There is <u>Value</u> Beyond Compliance with the Cures Act

- **Validating Check-in and Check-out times**
  - Yesterday's problem that has been solved with various solutions
- **Required data should be viewed as the "minimum"**
  - Leverage your daily interactions to capture real-time data
- **If you have to use it…**

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Potential Value of EVV Solutions

Three Ways to Drive Incremental Value

1. Operational efficiencies
2. Differentiation in your market
3. Participation in new reimbursement models

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Drive Value – Operational Efficiencies

1. **Maximize Revenue**
   - Fill missed visits based on real-time alerts
   - Staff hard-to-fill cases with broadcast messaging
   - Prevent short visits with prompting
   - Avoid underutilization of Authorizations
   - Become a preferred provider in the network
2. **Reduce Costs**
   - Reduce caregiver support costs: directions, schedules, payroll
   - Reduce scheduling costs
   - Reduce paper costs: timesheets, drive time, storage
   - Lower staffing costs: satisfaction, turnover
   - Lower audit risks and costs

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Drive Value – Differentiation

Capture Health Status Changes

- Managed Care will soon focus on this information
- Build processes to react to changes (and report it to case managers)
- Request Authorization changes based on data
- Share real-time data with family

Report Operational Metrics

- Late or missed visits
- On-time data
- Customer satisfaction
- Caregiver turnover
- Authorization to First visit

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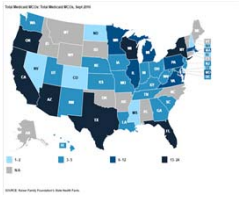
Drive Value – New Reimbursement Models

1. **FFS is declining, Value-Based Payment models increasing**
   - Definition is evolving, but
   - To participate in new models
     - Measure it
     - Share it
     - React to it



2. **Managed Care on the rise**
   - Block Grants or Per Capita Caps?
   - 40 states currently, going to…
   - Medicaid expansion is over (?), Provider risk-share is coming soon?
   - ***Member Management***, as a solution, will be a mid-term requirement

EVV Will Enable Providers to Operate in the Evolving Market

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Thank You

Happy to Address Questions

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