HEALTH MANAGEMENT ASSOCIATES

A National Survey of Medicaid Readiness for Electronic Visit Verification

Introduction

This survey is being conducted by Health Management Associates (HMA). The goal of the survey is to assess state Medicaid agency readiness to adopt Electronic Visit Verification (EVV) for Personal Care Services and Home Health Care Services to comply with Section 12006 of the 21st Century Cures Act. EVV is a technology used by Medicaid programs to verify visits have occurred for home health care as well as services delivered as a part of home and community based services programs. States must implement EVV by January 1, 2019 for Medicaid-financed Personal Care Services and by January 1, 2023 for Medicaid-financed Home Health Care Services to avoid an escalating reduction in their federal match. EVV qualifies for enhanced Federal Medical Assistance Percentage (FMAP) matching funds (90% for implementation, 75% for ongoing costs).

This survey should take less than 15 minutes to complete. You can enter the online survey repeatedly until you have provided responses to each question. Survey Monkey will save your answers. In order to return to a previous section, click on the PREV button at the bottom of the page. When you have completed all the questions, hit the SUBMIT button. If you have any questions at any time, please call Anh Pham at 212-575-5929 or contact her by email: apham@healthmanagement.com.

Survey responses are due no later than **June 7, 2017**.

Section 1: EVV Mandate

On December 13, 2016, the 21st Century Cures Act was signed into legislation. This Act includes Section 12006 which directs States to require the use of an Electronic Visit Verification (EVV) system for Medicaid-financed Personal Care Services and Home Health Care Services.

* 1. Are you familiar with the Cures Act and its EVV system requirements?

◯ Yes

◯ No

* 2. Do you need more information about the Cures Act and EVV system requirements?

◯ Yes

◯ No

◯ I don't know

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Section 1: EVV Mandate Continued

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* 3. If you need more information about the Cures Act and EVV system requirements, what type of information do you need? (Check all that apply.)

☐ An overview about the Cures Act, its EVV system requirements and impact on the state

☐ EVV technology solution options that comply with the Cures Act

☐ Additional benefits that EVV systems can provide beyond Cures Act compliance

☐ Additional services that could benefit from EVV systems

☐ The enhanced FMAP described in the Cures Act

☐ EVV system best practices

☐ How to align EVV implementation across Medicaid fee-for-service and managed care programs

☐ The impact EVV will have on the provider's cost to deliver services

☐ Efficiencies afforded to stakeholders from EVV systems implementation

☐ Other (please specify)

Section 2: EVV Experience and Models

Four models have emerged to deliver EVV systems. The industry has found that some EVV models offer greater State and market benefits than others. The EVV emerging models are: 1) Provider Choice; 2) MCO Choice; 3) State Choice; and 4) Open Vendor Choice. A brief definition of each model is provided:

Provider Choice: Each provider can select an EVV vendor and the provider pays for an EVV vendor of their choice.
MCO Choice: The state delegates EVV vendor choice to its contracting Managed Care Organizations (MCOs), which may elect to contract with the same, or with different EVV vendors.
State Choice: The state selects an EVV vendor that all providers and MCOs must use for Medicaid services.
Open Vendor Choice: A hybrid EVV model where a state selects a single EVV vendor, but permits providers and MCOs to continue using EVV vendor systems they already have in place.

* 4. Have you already implemented EVV in your state?

◯ Yes, and it meets the Cures Act requirements

◯ Yes, but it does not meet the Cures Act requirements

◯ No

* 5. A review of EVV models shows that the State Choice model and Open Vendor Choice model offer the greatest benefits to states for addressing compliance, cost, business burden and outcomes. These models also maximize the available FMAP. If your state is pursuing or has pursued EVV, which EVV model is your state considering or implemented?

◯ State Choice only

◯ Open Vendor Choice only

◯ Exploring State Choice or Open Vendor Choice

◯ Provider Choice only

◯ MCO Choice only

◯ Undecided

◯ Our state has not yet pursued EVV.

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Section 2: EVV Experience and Models Continued

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* 6. Are all Medicaid populations who receive personal care attendant and/or home health care services covered by EVV in your state?

◯ Yes

◯ No

* 7. Select each of the populations that receive EVV in your state. (Check all that apply.)

☐ Medicaid waiver for the aged

☐ Medicaid waiver for individuals with intellectual/developmental disabilities

☐ Medicaid waiver for individuals with Traumatic Brain Injury

☐ Medicaid waiver for individuals with physical disabilities

☐ Medicaid waiver for individuals receiving behavioral health LTSS

☐ Medicaid waiver for individuals with HIV/AIDS

☐ Individuals receiving LTSS who are dually eligible for Medicare and Medicaid

☐ Medicaid enrollees who qualify for the Medically Fragile waiver

☐ Children with special health care needs

☐ Intermediate Care Facility for Other Related Conditions and Nursing Facility Clinically Eligible covered under FFS

☐ Other Medicaid populations/programs (please specify in print in the space below)

* 8. What company does your state currently contract with to provide the EVV program? (Please specify in the space below.)

* 9. What is your state's re-procurement schedule for the EVV program? (Please specify in the space below.)

* 10. Would you be willing for HMA to share your contact information with other states that are looking for EVV state input?

○ Yes

○ No

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Section 3: EVV Features

EVV systems offer technology solutions for visit verification to provide proof that visits occur. To meet the minimum requirements of the Cures Act, your state will need to implement an EVV system to verify the following information for Medicaid-financed Personal Care and Home Health Care Services:

- Date of service;
- Location of service;

- Individual providing service;
- Type of service;
- Individual receiving service; and
- Time the service begins and ends

* 11. EVV systems have additional features that provide incremental value to HCBS programs. If these modules are bundled with EVV, they also qualify for the enhanced FMAP. The following section provides a list of the most commonly offered modules. Which of these features are under consideration in your state for EVV implementation, or are already in place through the EVV vendor? (Check all that apply.)

☐ **Scheduling** – Supports provider adherence at point of scheduling; creates alerts for missed or late scheduled visits, supports providers in managing caregivers

☐ **Billing** – Enhances the billing process allowing only verified claims to be submitted for payment

☐ **Aggregator** – Supports the Open Vendor EVV model described above; Aggregates data from state procured EVV system and third party EVV systems to provide the state with a single, uniform source of EVV data and network rules management tools

☐ **HCBS provider credentialing** – Used to ensure service providers and workers are properly licensed and credentialed prior to service delivery

☐ **Identity management** – Uses technology such as facial recognition to validate the identity of the provider and/or the person receiving care to prevent identity fraud

☐ **Member satisfaction surveys of HCBS services** – Supports collection of consumer satisfaction data from recipients of home health care, personal care or other HCBS services

☐ **Data analytics to identify potential fraud**

☐ **None**

☐ **Other (please specify)**

[ ]

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Section 4: EVV Procurement and Implementation

* 12. To avoid the penalties defined in the Cures Act mandate, what stage have you reached in actively planning for EVV system implementation? (Check all that apply.)

☐ Not Applicable

☐ We are researching the cost/benefit of different EVV models

☐ We are engaged in stakeholder discussions, as well as defining EVV technical and administrative protocols for EVV implementation.

☐ We are seeking vendor interest/information

☐ We are in an active procurement for EVV

☐ We are preparing a procurement of EVV services to be released in:

[ ]

* 13. EVV vendor selection and system implementation takes time. What barriers, if any, would prevent your state from initiating EVV systems implementation in 2017? (Check all that apply.)

- [ ] Not Applicable
- [ ] Stakeholder Buy-in
- [ ] State Regulatory Requirements/Process (Policy Development)
- [ ] Budget and/or Budget Authority
- [ ] Procurement/Contracting Process
- [ ] Other (Please specify)

  [   ]

* 14. States experience efficiencies and more immediate benefits to address fraud and abuse when they implement EVV systems for Personal Care Services and Home Health Care Services together. Does your state intend to implement EVV systems to support Personal Care Services and Home Health Care Services at the same time or in stages?

- ( ) Not Applicable
- ( ) Our state will implement EVV systems for Personal Care Services before Home Health Care Services
- ( ) Our state will implement EVV systems for Personal Care Services together with Home Health Care Services
- ( ) Undecided

* 15. EVV system implementation design, development and/or installations qualify for a 90 percent FMAP, and a 75 percent FMAP for the costs to operate and maintain the system. To implement an EVV system by the January 2019 as mandated by the Cures Act, does your state intend to submit an Advanced Planning Document (APD) to CMS to obtain FMAP for EVV implementation this Spring/Summer?

- ( ) Undecided
- ( ) We have already submitted an APD to CMS
- ( ) Yes
- ( ) No, we plan to submit an APD in:

  [   ]

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Section 5: EVV Operations

* 16. Which state office is responsible or will be responsible for EVV system procurement? (Please specify in the space below.)

[   ]

* 17. Which state office is responsible or will be responsible for day to day EVV program management? (Please specify in the space below.)

[   ]

18. What are the top three to five EVV operational issues (or that you anticipate) in your state that EVV vendors should know about? (Please specify in the space below.)

Operational Issue 1 [   ]

Operational Issue 2 [   ]

Operational Issue 3 [   ]

Operational Issue 4 [   ]

Operational Issue 5 [   ]

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Section 6: Background Information

Please provide the following information to help us maintain accurate contact information, and to allow for follow-up in case we have a question about your survey response.

* 19. Name of Respondent

[   ]

* 20. Title

[   ]

* 21. Name of Office

[   ]

* 22. State

[   ]

* 23. Phone Number

[   ]

* 24. Email

[   ]