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Personal Care Services Electronic Visit Verification



HR 34, 21st Century Cures Act

- December 13, 2016 – HR 34, 21st Century Cures Act, was passed by Congress
 - Requires the use of Electronic Visit Verification (EVV) systems for Medicaid-funded personal care services (PCS)
 - Implement use of EVV for PCS by January 1, 2019 (and Home Health by January 1, 2023)
 - Required for PCS provided under State Plan or waiver authority, including 1915(c)



Providers/Recipients Affected:

- PT30 – Personal Care Services Agency providers
- PT83 – Intermediary Service Organization (ISO) providers of self-directed services
- PT48, Frail Elderly Waiver, and PT58, Physically Disabled Waiver, Providers = licensed PCS providers
 - attendant care, homemaker, chore, and respite services



What is EVV?

EVV is a system that electronically verifies the provision of care.

- EVV allows for increased PCS program oversight.
- EVV reduces burdens associated with manual time sheets and automates documentation of services received.



System Requirements

- By law the system must verify:
 - Type of service provided
 - Individual receiving the service
 - Individual delivering the service
 - Date of the service
 - Location of the service
 - Time the service begins and ends



How are services verified?

- Recipient's home landline telephone
- Smart phones
- Biometric recognition systems
- Fixed Visit Verification Device – an electronic random numbers device in the recipient's home.



Two EVV System Options

- State Operated System

OR

- Provider Agency Operated System



State Operated System

Factors to consider:

- What options are available?
- How much will it cost?
- Is a Request for Proposal (RFP) needed?
- Is a Technology Investment Request (TIR) needed?



Provider Agency Operated System

Factors to consider:

- What system requirements will need to be met?
- Who will pay for the system?
- Can any vendor of the provider's choice be used?
- How does each provider's unique system tie into DHCFP's MMIS?
- Will all NV Medicaid PCS and ISO providers be able to implement their own system?



Incentive

Federal Financial incentive to utilize State Operated System:

- Reimbursement of 90% of the design, development and installation fees
- Reimbursement of 75% of the operation and maintenance fees



Penalty

Penalties for States that do not comply with EVV requirement by January 1, 2019 = Federal Medical Assistance Percentage (FMAP)

Reduction:

- .25 percentage points for calendar quarters in 2019 and 2020
- .5 percentage points for 2021
- .75 percentage points for 2022
- 1 percentage point for 2023 and each year after



“Good Faith Effort”

There will be no FMAP reduction for calendar quarters 2019 if the State has made a good faith effort to comply with requirements and in implementing EVV has encountered unavoidable system delays



To be compliant states must:

- Consult with PCS provider agencies to ensure:
 - System is minimally burdensome
 - System takes into account best practices and existing EVV systems in the state
 - System is conducted according to HIPAA privacy and security law
- Implement a process to seek input from recipients, family caregivers, individual agency caregivers and any other stakeholders
- Ensure opportunities for training are available to all caregivers on use of EVV system



Guidance

- HR 34 states that the Secretary of Health and Human Services will collect and issue best practices no later than January 1, 2018:
 - Training individuals who furnish PCS on EVV system, including operation and prevention of fraud
 - Notice and educational materials to family caregivers and recipients, including use of system and preventing fraud



In conjunction with EVV....

Servicing Provider ID for all individual personal care attendants (PCAs)

- Require that all PCAs enroll as a provider with Nevada Medicaid
 - Obtain a unique ID = API
 - NPI is currently not an option due to HIPAA regulation and personal care attendants not being recognized as health care providers
- SFY 2016, approximately 9,000 recipients
 - Unknown number of PCAs – estimate 7,000?



Stakeholder Outreach/Input

- **Public Workshop #1**
 - Held March 14, 2017
 - Carson City – Division of Public & Behavioral Health
 - Las Vegas – Desert Regional Center
 - Elko – Nevada Early Intervention Services



Project Challenges

- MMIS Modernization Project - EVV integration and PCA specialty code
- Implementing EVV in the rural areas
- Implementing EVV with the tribes
- Coordination with the four MCOs
- Fiscal Resources – the next legislative session convenes after implementation date for EVV



Challenges Cont.

- Staff Resources – CMS recommends that states not simply implement EVV to fulfill the regulatory requirement, but that states staff accordingly to utilize EVV data for program integrity efforts



Next Steps

Successful EVV implementation and ongoing management will require an entire team:

- LTSS
- SUR
- IS
- Provider Enrollment
- Contract Management



Questions

