Electronic Visit Verification

General Stakeholder Meeting

April 16, 2024

Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

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What We Do

The Department of Health Care Policy & Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

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HCPF

Meeting Guidelines

- Do not mention any PHI or PII (Medicaid member or provider IDs etc.) use the evv@state.co.us inbox for more sensitive matters.
  - In order to protect PHI, we are not allowing external audiences to initiate AI bots.

- We ask that you:
  - Mind E-manners
  - Identify yourself when speaking
  - Share the air
  - Listen for understanding
  - Stay solution and scope focused

Meeting Purpose

HCPF engagement with providers, members, and other stakeholders related to maintenance and operation of EVV for EVV-required services.

And specifically, to:

- Clarify EVV in Colorado

- Discuss EVV Program Updates

- Gather Stakeholder Feedback

Agenda

- EVV Overview

- Updates/Reminders

  ➢ Hospice Removal

  ➢ Live-in Caregiver Exemptions

  ➢ Sandata Mobile Connect (SMC)

- Quality Assurance and Performance Improvement

  ➢ Modified and Unmodified EVV Visits

- Open Forum

Overview

What is EVV?

- Electronic Visit Verification (EVV) is a technology solution that verifies service provision through mobile application, telephony, or web-based portal

- EVV is used to ensure that home or community-based services are delivered to people needing those services and ensure caregivers are paid for time and efforts

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Purpose

- EVV services happen in the home and in the community

- Capture location where the service occurs, including telehealth (member location)

- EVV does not disrupt the flexibility of service delivery or location

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What must EVV capture?

1. Type of Service Performed
2. Individual Receiving Service
3. Date of Service
4. Location of Service Delivery
5. Individual Providing Service
6. Time the Service Begins and Ends

EVV Updates

EVV & Hospice

Overview:

Hospice's payment structure is a unique daily per-diem, different than other EVV services that use fee-for-service.

- Hospice is being removed from EVV effective July 1, 2024 (pending MSB approval)

  ➤ Upon MSB approval, hospice providers will stop EVV collection for Medicaid billing purposes on July 1, 2024

- Hospice will still be subject to post-payment review, Centers for Medicare and Medicaid Services (CMS) yearly audits, and Ordering, Prescribing, and Referring (OPR) mandate.

EVV & Hospice

Timeline (pending MSB approval):

- Before July 1, 2024 – Hospice providers should continue to submit EVV with claims for services provided.

- After July 1, 2024 - Any hospice provider that submits EVV and meets all other billing requirements with their claims will not have their claims impacted

  - ➢ EVV from those claims will not be required by the system

  - ➢ Remaining claims data will undergo the regular claims review process.

EVV & Hospice

Communication Plan:

HCPF plans to release multiple communications over the next few months that will contain additional information:

- ➤ Policy Memo will provide more information on changes

- ➤ Targeted communications to Hospice Providers

- ➤ Provider Bulletin

- ➤ Stakeholder Engagement Meetings

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EVV & Hospice

Stakeholder Engagement:

Stakeholder meetings will primarily cover the OPR mandate (1 session for 3 months total). These stakeholder sessions will be hosted in the OPR Hospice/EVV Stakeholder Engagement Sessions, specific to OPR and Removal of EVV from Hospice.

- Please ensure you are signed up for all applicable provider communications for updates and information
  - Read and sign up for Provider News

- Comments and feedback can be sent to
  - EVV Inbox: hcpf_evv@state.co.us
  - Hospice policy: Devinne Parsons, Medicaid Benefits Policy Specialist, devinne.parsons@state.co.us

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Live-In Caregiver Exemptions

- HCPF findings indicate cases of incorrect billing practices related to the live-in caregiver (LIC) exemption.

- Providers should review billing and as needed adjust billing procedures to ensure compliance.

- Claims lacking required Live-in Caregiver documentation or EVV records are subject to recoupment.

LIC Eligible Services

Services **eligible** for the live-in caregiver exemption:

- Behavioral Therapies
- Consumer Directed Attendant Support Services (CDASS)
- Home Health
- Homemaker
- Independent Living Skills Training (ILST)/Life Skills Training (LST)
- In-Home Support Services (IHSS)
- Pediatric Personal Care
- Personal Care
- Private Duty Nursing
- Respite and Youth Day

LIC Exemptions

- Must have valid Live-in Caregiver Attestation Form and supporting documentation before utilizing the Live-in Caregiver exemption.

- Must bill correctly using methodology that designates Live-in Caregiver services by claim line.

- Providers are reminded to review OM 20-051 for correct utilization and billing of the live-in caregiver exemption.

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Sandata Mobile Connect Transition

- Sandata Mobile Connect (SMC) app released July 2023.

- State solution utilizers are urged to have their caregivers begin using the SMC app before June 2024 to prevent service disruption.

Reach out to Sandata for app or functionality questions.

- Call 1-855-871-8780
- Email COCustomerCare@sandata.com
- Visit Sandata On-Demand

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Quality Assurance & Performance Improvement (QAPI)

Definitions & Terms

- **EVV Quality Assurance and Performance Improvement** is a data driven and proactive approach to quality improvement.

  ➢ Combines two approaches - Quality Assurance (QA) and Performance Improvement (PI).

- QA is a process used to ensure EVV quality standards are met and reaches a certain level.

- PI is a proactive approach that continuously studies EVV data with the goal to prevent or decrease the likelihood of fraud, waste, and abuse.

Definitions & Terms

- **Unmodified EVV** is all six verification data points captured at time of service, in real-time, and is best practice.

  ➢ Also referred to as **visits without manual edits.**

- **Modified EVV** is when one or more of the verification data points, including manual entries, are captured or modified after the time of service.

  ➢ Also referred to as **visits with manual edits and includes web-based portal entries.**

Unmodified EVV Reminder

- 10 CCR 2505-10 8.001.3.C: "All visit data points as defined in Section 8.001.3.A.1.b must be completed at time of service delivery."

- Providers with high rates of **unmodified EVV**, real-time data:

  - Confirms that services were delivered to members by caregivers on the date and time they were meant to be delivered

  - Experience less administrative management of EVV

  - Improve program health and integrity

Modified EVV Reminder

- Department recognizes the practical need for visits to be modified, however doing so should only be done as an exception to normal practice

- Majority of all EVV records should remain unmodified.

- Providers with high rates of **modified EVV**:

  ➢Require more administrative management

  ➢Can negatively impact program health and integrity

  ➢Subject to additional outreach or review by HCPF.

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Other States and Quality Improvement

- Multiple states have started to discuss or have in place quality improvement for EVV records

  ➢ Modified or manual thresholds

- Louisiana: 80% Unmodified EVV Threshold

  ➢ Must keep supporting documentation of all manual or modified entries

  ➢ Post authorization process will block billed units for services that are manually entered or edited over the 20% allowance threshold

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Other States and Quality Improvement

- Pennsylvania

  ➢ Initially required EVV just for Personal Care Services (2022) and recently started including for Home Health Services (2023)

  ➢ 50% Quarterly Unmodified EVV Threshold

  ➢ Required manual entries or edits to have hard copy documentation

  ➢ Intend to continue reducing threshold

- States have different approaches, largely due to the phase of EVV they're in

Performance Improvement

- Compliance targets have been discussed in CO before, but are not currently in place

  ➢ Provider report cards to encourage independent improvements

  ➢ Last 2 years, about 3 of every 4 EVV is unmodified

  ➢ Polled providers last meeting and stakeholders recommended 75-95% goal

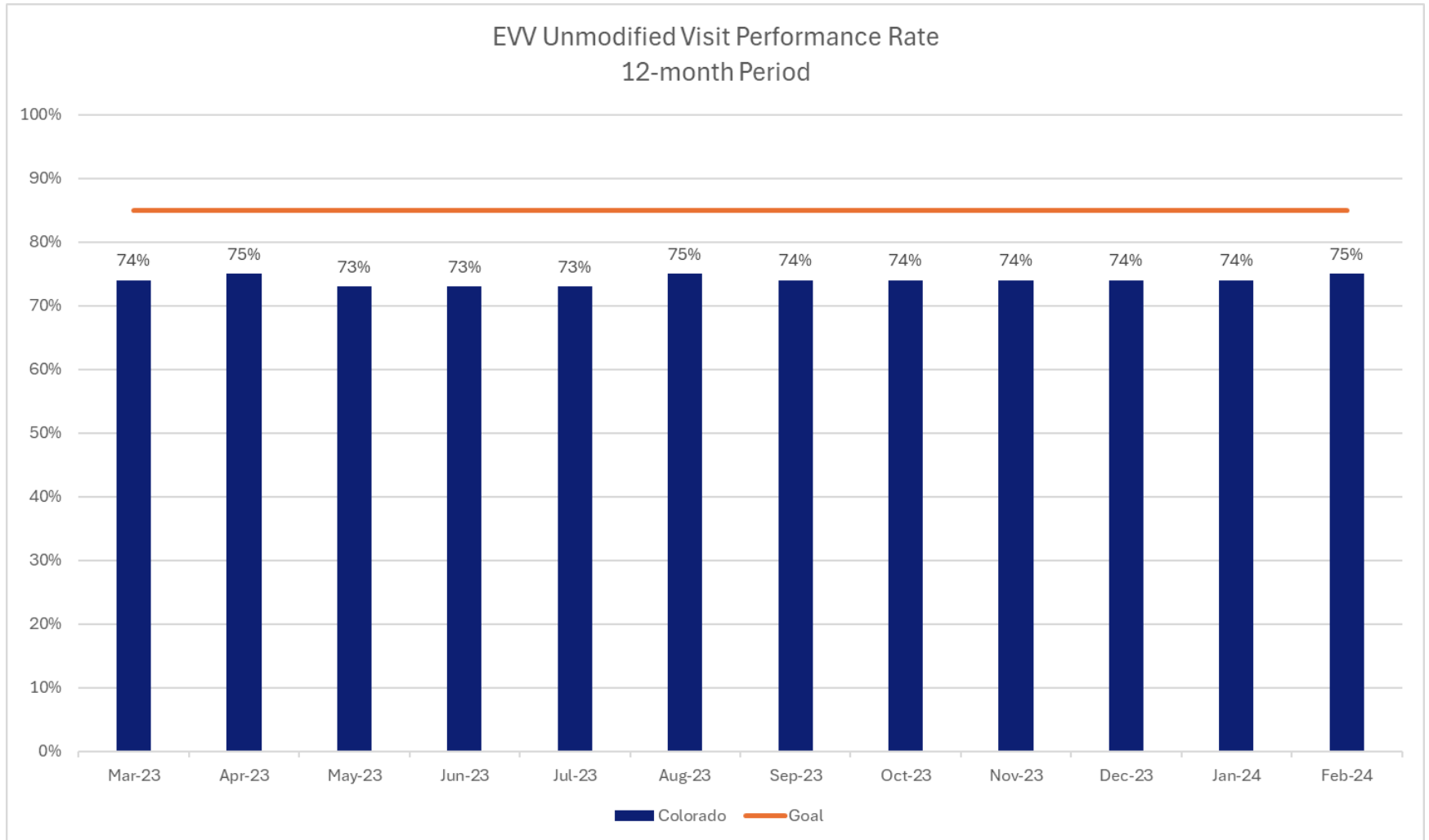- Want to continue striving for performance improvement

Definitions & Terms

- **Thresholds**: The acceptable limit of modified and manual EVV records determined as a percent of paid claims each month. May cause claim denials.

- **Program Goal:** Collective effort to achieve a defined goal or metric that helps improve program quality and performance

- ****These are not thresholds****

Program Goals

- Colorado EVV Program Goal: 85% or more of visits be unmodified by December 2024

- This is a program goal we are striving for to

  ➢ Reduce time spent modifying or manually entering EVV

  ➢ Make caregiver activities transparent and measurable

  ➢ Continue to support and improve program health and integrity

  ➢ Reduce need or stress from more restrictive measures

Unmodified EVV

EVV Unmodified Visit Performance Rate
12-month Period

Month	Colorado
Mar-23	74%
Apr-23	75%
May-23	73%
Jun-23	73%
Jul-23	73%
Aug-23	75%
Sep-23	74%
Oct-23	74%
Nov-23	74%
Dec-23	74%
Jan-24	74%
Feb-24	75%

Legend: Colorado, Goal

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How We Get There

- Department Efforts

  ➢ Data analysis and process improvement

  ➢ Targeted outreach

- Provider Efforts

  ➢ Emphasize importance with caregivers

  ➢ Work into business practices, goals, or performance evaluations

- What obstacles or factors may impact our ability to achieve these goals?

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Questions?

Contact Information

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EVV Website

hcpf.colorado.gov/evv

Thank you!