

Impact of Electronic Visit Verification on Home Health and Personal Care




**MICHIGAN
Home Care
& Hospice
ASSOCIATION**

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Agenda

- ◆ EVV Implementation Progress
- ◆ Impact on Personal Care & Home Health Providers
- ◆ Michigan Regulatory Landscape
- ◆ Provider Responsibilities for EVV
- ◆ Considerations for How to Comply
- ◆ How Providers Can Prepare for EVV
- ◆ Q&A



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EVV Progress

January 1, 2021

- CMS GFE Deadline: Personal Care

2021-2022

- Prepare for Home Health
- Evolve EVV Practices
- State GFE Home Health


January 1, 2023

- CMS Deadline: Home Health

2023-2024

- Continue state Home Health Implementation
- Evolve EVV Policy & Practice
- Compliance Monitoring

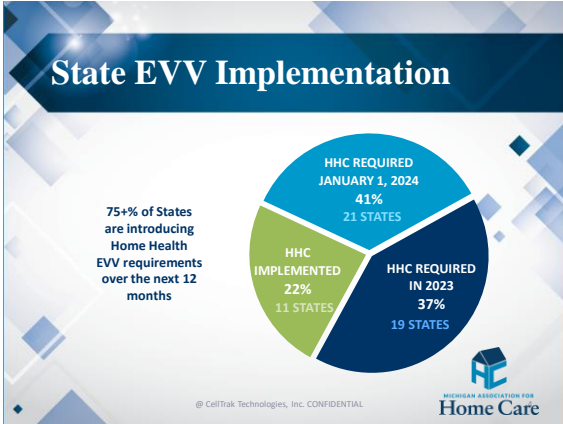
January 1, 2024
CMS Extended Deadline: Home Health
Good Faith Exemption



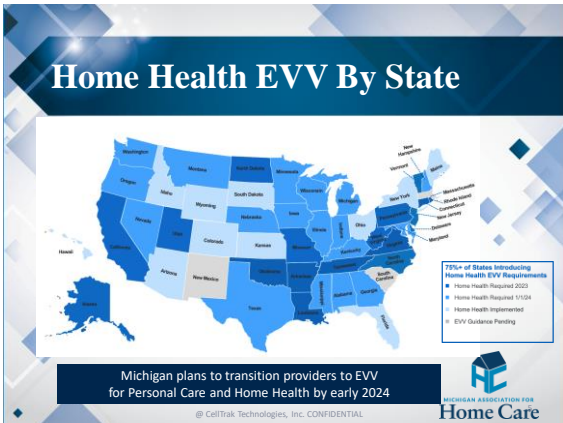
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EVV Impacts Aide & Skilled Services

- Personal Care Delivery
- Home Health Delivery
- Behavioral Health
- Autism
- I/DD
- Respite
- Hospice
- Foster Care
- Private Duty Nursing

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EVV Regulations: Michigan

- ◆ Michigan has an Open Model
- ◆ Providers may choose the system that works best for them, as long as it can collect and send correct, compliant EVV data to the state.
- ◆ Michigan Department of Health and Human Services (MDHHS) has selected HHAeXchange as the state aggregator.
- ◆ HHAeXchange has been awarded a 5-year contract which encompasses data collection, data aggregation, and pre-billing.
- ◆ Michigan providers will implement EVV for affected Personal Care and Home Health services.

Michigan was approved for a Good Faith Exemption from CMS for Personal Care Services (through January 1, 2021) and Home Health Services (through January 1, 2024).



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EVV Regulations: Michigan

- ◆ The following Medicaid programs will require EVV for Personal Care and Home Health services:
 - ◆ Home Help
 - ◆ Home Health
 - ◆ Children's Waiver*
 - ◆ Habilitation Supports Waiver*
 - ◆ Wavier for Children with Serious Emotional Disturbances*
 - ◆ MI Choice Waiver
 - ◆ MI Health Link
 - ◆ Community Transition Services

*NOTE: These programs provide Behavioral Health Community Living Supports services.



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EVV Regulations: Michigan

Services impacted by EVV Program are below.
Final list by procedure code is pending.

What programs require EVV?

Program	Personal Care Services	Home Health Care Services
MI Choice	X	
MI Health Link	X	X
Medicaid Managed Care		X
Behavioral Health	X	
Home Health		X
Home Help	X	
Community Transition Services	X	

*Table is subject to change. There may be other programs and/or codes that could be impacted as Michigan further develops EVV policy.



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EVV Compliance: Does it Apply to Me?

Patient Services

- Personal Care Services
- Home Health Services
- Private Duty Nursing
- Hospice Care
- Other

Delivered by

- Agency
- Self-directed
- Residential Care Facility
- Hospice
- Other

Submit for payment to

- State Aggregator
- Managed Care Organization (MCO)
- Fiscal Intermediary (FI)
- Verification Organization (VO)

Paid by

- Medicaid
- Medicaid MCO
- Medicare
- MCO
- Private Pay
- Dual-eligible

EVV Applies When:

1. Medicaid or Medicaid MCO is the Payer
2. Service Included in State Guidelines

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Providers Have Three Responsibilities

COLLECT
Compliant EVV Information
At the Point of Care

RELAY
To State & MCO payors
who require it

Operational Workflow:

- Billing & Claims Reconciliation
- Mandated Process for claims submission in some payors/states

SUBMIT CLAIMS
For payment

Right Data, Right Format, Real Time

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Provider Choice: EVV Selection

State-Procured System

- ✓ Check-the-box compliance
- ✓ EVV-mandated visits only
- ✓ Additional workflow to pay employees and track revenue
- ✓ Challenges with multiple states or multiple aggregators

Integrated Alternate EVV

- ✓ Benefits beyond EVV
- ✓ Use for all visits, not just EVV-mandated visits
- ✓ Works with existing EMR systems
- ✓ No change needed to billing and payroll
- ✓ Works in any open state

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Provider Complexity Complicates EVV Compliance

- Multi-State Agencies
- Agencies with Multiple Lines of Service
- Agencies that Submit Payment to more than one MCO
- Agencies Growing by Acquisition, Having Diverse Back-End Systems

Complexity can be further compounded by frequent changes to payer requirements

In Open EVV States such as Michigan, providers will choose between the state-procured EVV system and an Alternate EVV system.

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How Providers Can Prepare

- Know Your State Guidelines**
 - EVV Policy
 - Method of Oversight- Aggregator, Audit, etc.
 - EVV Information Required
- Know Your State Timelines**
 - Interface Deadline
 - Go-Live
 - Claims Denial
- Know Your Payers**
 - State Medicaid
 - Medicaid MCO
- Know Your Affected Services**
 - What Your Agency Delivers - Procedure Code Level
 - What Your State Requires for EVV

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EVV Compliance: Prepare for EVV

- 1) **Identify Medicaid-Funded Services** You Deliver
- 2) **Compare** the List to the EVV-Mandated Services in Your State
- 3) **Understand Applicable Exemptions** (live-in, residential facilities, etc.)
- 4) **Begin Collecting** Visit Data
- 5) **Prepare to Send** Required Data to the HHAX Aggregator

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EVV Compliance: Measurable Results

Avoid Claims Payment Delays:
Correct, Compliant EVV Data Sent in Near Real-Time

Increase Accepted Visits:
Alerts for Missing or Incorrect EVV Data

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Questions

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