Centene’s EVV Innovations

Session Code
2032

Date
08/29/17

Time
04:15 PM – 05:30 PM
Meet the Panel

• **Tim Haspert** - Tim Haspert is a manager on Centene’s LTSS Product Team. Tim currently supports the IlliniCare, Buckeye and Pennsylvania Health and Wellness health plans while also working on Centene’s roadmap initiatives to improve technology adoption in the LTSS product line.

• **Robert Breig** – Robert Breig is Director, IT Product & Health Care Services at Centene Corporation with extensive experience in overseeing implementation of large-scale information system solutions. He currently supports Centene’s Complex Care team to deliver technology innovations in this fast-growing line of business.
Meet the Panel

• **Ralph Scherrer** - Ralph Scherrer is a Senior Business Systems Analyst on Centene’s IT – LTSS Product Team. Ralph drives technology improvements and processes based on business needs and architectural improvements. Ralph’s main focus has been on EVV and other IT business needs.

Meet the Panel - HHAeXchange

• **Tom Meyer** - Chief Program Integrity Officer, ensures HHAX’s platform helps all home care stakeholders comply with state regulations and prevent fraud, waste and abuse. Responsibilities include working with Managed Care Organizations (MCOs), state Medicaid professionals and HHAX customers to demonstrate the value of a collaborative platform in home care.

• **Greg Strobel** – CEO of HHAX, Greg is a seasoned senior executive having spent over 25 years in the healthcare software and services industry. He has a broad spectrum of experience in both the public and private sectors. Greg served in several senior level healthcare sales and operational roles at McKesson, Health Management Systems, and Ernst and Young.
Centene Overview

**WHO WE ARE**

St. Louis

based company founded in Wisconsin in 1984

31,500 employees

12.2 million members

includes

46,000 MMP Members

215,000 MLTSS Members

248,000 Physicians

2,300 Hospitals

In our provider networks

**WHAT WE DO**

28 states

with government sponsored healthcare programs & implementations, including:

- Medicaid (23 states)
- MLTSS (7 States)
- MA SNP (8 States)
- ABD Non-Dual (17 States)
- MMP (6 States) CA, IL, MI, OH, SC, TX
- Marketplace (13 States)
- Medicare (13 States)
- Correctional (8 States)
Objectives

➢ Describe how EVV works
➢ Review 21st Century Cures Act
➢ Centene’s EVV Innovations
  ➢ Benefits of EVV Innovation
➢ HHAeXchange Vendor Perspective
➢ Q&A
Objectives

Centene’s EVV Innovations presentation is about agency models

We are not advocating for EVV for the use of individuals who are using self direction
What is EVV?

- **Electronic Visit Verification (EVV)** is a modern visit verification system which acts as an electronic time clock for home care workers.

- **Member** – An individual receiving Home and Community Based Services (HCBS).
How is EVV Recorded?

- **Telephony** – Telephone calls to log in and out
- **Mobile Application** – Real-time GPS tracking of the caregiver
- **FOB’s (Fixed Objects)** – In-home devices to clock in and out
Basic EVV Services

➢ Document the exact date of services delivered
➢ Document the exact time the services begin and end
➢ Location Recording
➢ Document the Services and Tasks, and other discipline specific information that makes up a complete record of the patient encounter
21st Century Cures Act

EVV Portion of the Cures Act

➢ SEC. 12006 Electronic Visit Verification system required for personal care services and home health care services under Medicaid

➢ Electronic Visit Verification will be implemented for Personal Care services by January 1st, 2019, and for all other Home Healthcare services by January 1st, 2023
21st Century Cures Act

Cures Act EVV Requirements

➢ A Cures Act-compliant EVV system must electronically verify the following:
  – The type of service performed
  – The individual receiving the service
  – The date of the service
  – The location of service delivery
  – The individual providing the service
  – The time the service begins and ends
If the State chooses not to implement EVV then it will face Federal Medical Assistance Percentage (FMAP) reduction beginning 2019. FMAP reduction will increase each year up to 1% by 2023.

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023 and there after</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care Services</td>
<td>0.25%</td>
<td>0.25%</td>
<td>0.50%</td>
<td>0.75%</td>
<td>1.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027 and there after</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Care Services</td>
<td>0.25%</td>
<td>0.25%</td>
<td>0.50%</td>
<td>0.75%</td>
<td>1.00%</td>
</tr>
</tbody>
</table>
Centene’s EVV Innovation

➢ HHAeXchange (Voluntary Pilot Program)
➢ Pilot in-production: November 2016
➢ Includes EVV aggregation and clean claims generation
➢ Supports provider choice of EVV system
Centene's EVV Innovation

- Care Management Reporting
  - Care gaps
  - Tasks performed
  - Change in condition
- Ability to monitor timeliness of visits
  - Missed visits
  - Late visits
  - True visit schedule
- Visit to authorization validation to ensure “clean claim” submission
Centene's EVV Innovation

EVV Aggregator

Definition

➢ The Payer aggregates EVV data but still allows providers to stay engaged with their current EVV system
Centene's EVV Innovation

Benefits to Member Care

➢ Electronic Visit Verification (EVV) holds home care workers accountable for visiting members and providing the right care at the right time
➢ EVV empowers home care workers to record real-time information on services provided and member conditions
➢ EVV also promotes better member outcomes
Centene's EVV Innovation

Benefits to Care Providers

➢ Simplified payment process with payer
  ➢ Reduces paper time sheets and manual billing
  ➢ Reduces clearing house fees
➢ Streamlined communication process with payer
➢ Increased visibility into member information:
  ➢ Authorization
  ➢ Service Plan
Centene's EVV Innovation

Benefits to Payer

➢ Verified visit matching increases claims auto adjudication
➢ Helps identify fraud and waste
➢ Opportunity for care gap alerts
  ➢ Missed Visits
  ➢ Late Visits
HHAeXchange - Who we are

Market share:
➢ Over 375 clients in multiple states:
  ➢ Billing over $4.2 Billion of annual homecare services
  ➢ Servicing over 217,000 patients on a monthly basis
  ➢ Supporting over 13,000 unique system users
  ➢ Used by over 193,000 caregivers
  ➢ Processing over 49 Million calls per year

Awards for Innovation:
➢ First to commercially provide shared MLTSS EVV + Case management platform
➢ Award-winning: “Fiercest Product” for 2015 by Fierce Health Payer for overcoming fraud, waste, abuse

Our Company (founded in 2008):
➢ Sole focus is Home Care Software Development
➢ 5 Offices/200+ employees (NY, FL, MO, AL, PA)
➢ Over 97% client retention rate
➢ Majority market share in NY
HHAeXchange - What we do

Market Focus
➢ Real time, integrated electronic workflow software tools to the homecare Payer & Provider market. Connecting the home care ecosystem.

Unique Shared Platform
➢ Centralized Web-based software platform where States and MCO Payers are dynamically linked to their Network Home Care Providers, creating a shared environment to effectively interact real-time for increased operational efficiency.

Products
➢ Payer: Unique operational platform for any Payer that streamlines authorization, case management and communication between Payers and Homecare Providers.
➢ Provider: Leading web-based enterprise class agency management solution for Home Care providers.
  ➢ Referral Management, Intake, Scheduling, Compliance, Billing and Reporting
➢ HHComply: Jurisdictional View for States and MCOs with unique “drill-down” BI tools provided
EVV Data Innovation

➢ Mandated, typically cloud-based (SaaS) system
➢ Connected to Point-of-Care, Provider, Payer and State
➢ Every stakeholder can contribute, every stakeholder can benefit
➢ Creates opportunities well beyond just EVV
   ➢ Collection of clinical data
   ➢ Real-time alerts
   ➢ Drive value-based payment methodologies
Challenges to Innovation

➢ Closed Systems – difficult to innovate

➢ Open Systems – difficult to achieve interoperability
  ➢ Requires a well-defined technical framework
  ➢ Innovation will occur as system matures

➢ Gathering more data can create disruption
  ➢ Mobile applications continue to mature
  ➢ Efficiencies from emerging technologies such as wearables
Key Success Factor – Planning

➢ Develop a technical framework
  ➢ Existing landscape and investments
  ➢ Include all stakeholders and allow for choice
  ➢ Centralize key data for stakeholders to operate with autonomy

➢ Review existing laws, regulations and policies in light of EVV
  ➢ Eliminate rules that are redundant or unnecessary
  ➢ Add requirements necessary to support framework
Key Success Factor – Implementation

➢ Limit the requirements to what’s necessary

➢ Allow time
  ➢ Adopt a pilot approach
  ➢ Embrace phase-ins
  ➢ Be flexible

➢ Be patient and supportive
  ➢ Adoption takes time
  ➢ Use empirical data
Helpful References

➢ Centene.com
➢ HHAeXchange.com
➢ For reference to the 21st Century Cures Act search for the 114th Congress – House Bill 34 (may or may not contain amendments)
Questions?