Moving Past the EVV Mandate: Examining Payer & Provider Collaboration in 2021 and Beyond

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Speakers

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Agenda

- HHAeXchange and Aetna at a Glance
- The Good, the Bad, and the Ugly: Lessons Learned from Implementing EVV
- Best Practices for Success
- Opportunities for Innovation
- Going Forward – What States & Plans Need to Consider
HHAeXchange at a Glance
Welcome to a Managed Care Homecare Ecosystem Without Barriers

Network Management
Communication, patient management, centralized homecare system for payers and providers, and comprehensive BI tools

EVV Aggregator
Aggregation of visit data and interactive BI tools

Supplemental Services Management
Secure and seamless management of supplemental service vendors

Care Insights
Early detection of escalating member risk factors & SDOH-related observations

Solutions for Self-Direction
Powerful data-driven platforms to manage the complexity of FMS with purpose-built EVV tools
HHAeXchange: National Footprint of Homecare Management

- 77+ Payers Served
- 6,200+ Homecare Agencies
- 615,000+ Members Serviced
- 125M Annual Visit Confirmations
- $18.5B Annual Payments Managed
- 675,000+ Caregivers Working
- 55,000+ Back-Office Users

November 2021
Aetna at a Glance
An Introduction to Aetna Better Health of New Jersey

1/15 – ABHNJ Goes Live in 8 Counties
8/26/17 – Statewide Expansion in all 21 Counties
11/13/18 – Healthcare Central, Newark Storefront Opens*
6/30/20 – Become 4th largest MCO in NJ, passing Wellcare

10/2020 – 100,000 members served statewide
1/1/21 – FIDE SNP “Aetna Assure Premier Plus” Live in 10 Counties
1/1/22 – FIDE SNP “Aetna Assure Premier Plus” Statewide (21 Counties)
2022 – Open second Healthcare Central site in Camden, NJ (in planning)

Who we serve
We are a state-contracted Medicaid managed care health plan for NJ FamilyCare members eligible for:
- Medicaid
- Children’s Health Insurance Program (CHIP)
- Managed Long Term Care Services and Support (MLTSS)
- Dual-eligible (FIDE SNP)

The Aetna Better Health Difference
Aetna Better Health of New Jersey’s value-based provider partnership seeks to create a collaborative relationship that achieves improved clinical, quality and financial outcomes, and enhances the life of every member we touch. We help our providers succeed through a strategic and high-personalized approach that improves the health outcomes of our members – their patients.

Fastest Growing MCO
Recognized 3 consecutive years (Top 50) by NJBIZ

1st Medicaid Storefront
Launched in Newark, NJ
Aetna Better Health of NJ
Status of Operational Compliance

- Providers Fully Operational with EVV: 125
- EVV Compliance: 100%
- Members Receiving PCA Services: 1,524

100%
The Good, the Bad, and the Ugly: Lessons Learned from Implementing EVV
Passed by Congress in December 2016, the 21st Century Cures Act requires that Personal Care Services visits are confirmed via Electronic Visit Verification (EVV) by January 1, 2021, and **Home Health Care Services by January 1, 2023**.

The six data elements required to be collected to meet the Cures Act EVV requirement:

- Type of Service Performed
- Individual Receiving the Service
- Date of the Service
- Location of the Service Delivery
- Individual Providing the Service
- Time the Service Begins and Ends
Moving Past the EVV Mandate: Collaborate for Success

1. Expect the Unexpected
2. Prepare for Change
3. Be an Active Stakeholder
4. Communication is Key
What’s Working: Flexibility

- State programs have taken the need for stakeholder input seriously and programs have the flexibility to address stakeholder concerns.
- Cures Act deadline delays have allowed for longer runway and more knowledge to be shared.
- State programs have had flexibility in designing their program to meet Cures Act requirements.
- The Open Model allows providers to use the EVV tools they have already invested in.
What’s Not Working: Inconsistency

- Lack of CMS compliance specifications across threshold requirements for billing, authorizations, etc., lead to varying interpretations

- EVV vendor/State/MCO combinations have unique data requirements

- Varying EVV collection tools and who should supply them (ex: state-provided versus BYOD)

- Caregivers have differing levels of technology skills and mobile device adoption, leading to inconsistent adoption across the board
Takeaway: Every State & MCO Is Different!
Best Practices for Success
Best Practices for Success

- Communicate, Communicate, Communicate
  - Communicate EVV participation as part of the contractual responsibilities of providers and ensure regular updates and communications of all polices related to documentation of visits

- Take a Top-Down Approach to Implementation

- Be Available

- Simplify the Requirements
Building Provider Adoption Through Policy

- EVV programs need to have a clear directive to providers on the consequences of not complying with the EVV program
- Exclusions to EVV compliance must be policy-determined
- Give clear direction on gray areas
  - Ex: Services starting in the home and ending in the community or services that exclude EVV such as live-in
Aetna Better Health of NJ & HHAeXchange: A Case Study for EVV

Approach

- Beginning in 2020, the MCO put together an early adoption plan and worked closely with HHAeXchange to onboard providers and help simplify the transition to EVV.

- Implementation led by the CEO – Senior Leadership is Critical!

- Weekly Project Team Calls with EVV Vendor & MCO Implementation Team

- Weekly Provider Webinars & Virtual Office Hours Every Friday for Providers to Speak Directly to the CEO

Results

- 125 Providers Onboarded
- 1,524 Active Members
- 100% EVV Compliance Rate
NJ Adoption Status

### NJ EXCEL-ARATION ADOPTION PROGRAM

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<th>HHAX</th>
<th>EDI</th>
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<tbody>
<tr>
<td><strong>TOTAL PROVIDERS IN SCOPE FOR NJ</strong></td>
<td>244</td>
<td>154</td>
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<tr>
<td><strong>PROVIDERS ADOPTED AT IMP</strong></td>
<td>115</td>
<td>69</td>
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<td><strong>PROVIDER EXPERIENCE ADOPTION SUCCESS POST IMP ADOPTIONS</strong></td>
<td>129</td>
<td>85</td>
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- 398 providers in scope for EVV with active census
- 184 providers adopted during implementation
- 214 adopted post-implementation
Opportunities for Innovation
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How EVV Can Help States, Plans, and Providers

- **Drive Business to High-Performing Providers**
  - Identify providers with highest percentage of EVV compliant visits
  - New placements to providers with highest percentage
  - Higher Quality = Better Pay

- **Tie In Value-Based Payments**
  - Higher EVV compliance percentages indicate evidence of services rendered
  - Missed Visit component of EVV reporting
  - Opportunity to collect additional member-based data to track outcomes

- **Weed Out the Bad Apples**
  - Lack of compliance indicates higher risk of services not being provided
  - Payers are starting to use EVV data to audit providers with high percentage of manual visits
Going Forward-
What States & Plans Need to Consider
How Will The Future EVV Environment Impact Your Plan? Your Members?

- Manage Costs
- Understand Risks & Compliance
- Track Member Outcomes
- Accelerate Capacity for Growth
Questions?
Contact Us

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