

EVV In Alaska: A Short Runway with a Simple Approach





Welcome Aboard!

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Agenda – Travel Itinerary



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- Introductions
- Background
 - Alaska
 - Therap
- EVV Model & Design
- Implementation & Approach
- What Worked
- Where we are now
- Lessons Learned
- Q & A



Presenters: Flight Crew



Ladda Frazier
State of Alaska
EVV Project SME



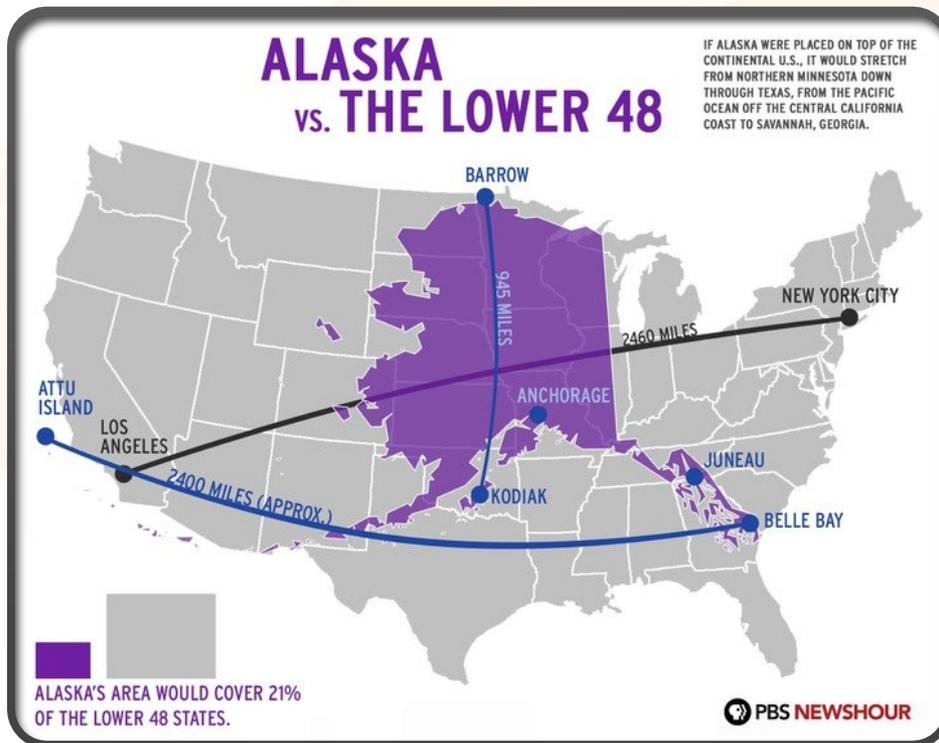
Kevin Dierks
Therap Services LLC
Director of Government
Relations

The 49th State



Last Frontier

- Population of Alaska is 737,000
- Alaska has 128 villages and towns each with under 1,000 residents



In Flight Announcement



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MJ MEADE
PHOTOGRAPHY

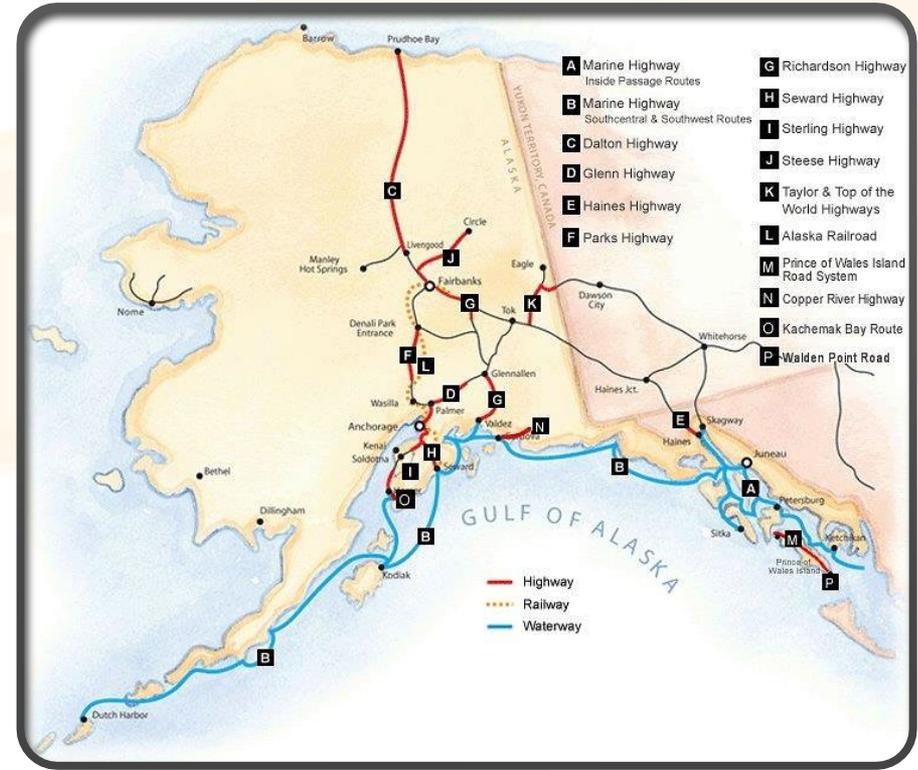
MJ MEADE
PHOTOGRAPHY

CFC and PCS Consumers

Borough Census Region

39	Bethel Census Area
62	City and Borough of Juneau
28	Dillingham Census Area
144	Fairbanks North Star Borough
15	Haines Borough
12	Hoonah-Angoon Census Area
373	Kenai Peninsula Borough
44	Ketchikan Gateway Borough
36	Kodiak Island Borough
9	Kusilvak Census District
3	Lake And Peninsula Borough
427	Matanuska Susitna Borough
1422	Municipality of Anchorage
19	Nome Census Area
1	Northwest Arctic Borough
15	No Region
12	Petersburg Borough
24	Prince Of Wales-Hyder
6	Sitka Borough
31	Southeast Fairbanks
34	Valdez-Cordova Census Area
9	Wrangell Borough
2	Yukon-Koyukuk Census Area
2767	TOTAL

Challenges



SHORT RUNWAYS: Pre Flight Plan



21st Century Cures Act

Pre-Flight Planning:

- Statewide Stakeholder Meetings
- EVV in Alaska
- Solution Type
- Procurement (Fed/State)



What is Therap?

A secure,
SaaS/Web-based,
COTS, Information
Management
Solution created
in **2003**

Intuitive and real time
electronic system that saves
States and agencies time,
resources and money while
improving communication,
accountability and risk
management

For Human Services
supporting States,
Counties, MCOs and
other entities

Agenda

Who We Are

Why Therap?

Person Centered
Approach

Case Studies

The Right Choice

Comprehensive Provider EVV System +



QUALITY ASSURANCE & REPORTING

Business Intelligence
Data Transparency
Access for Surveyors & Families

INTAKE & ASSESSMENT

Assessments:
Eligibility
Level of Care
Level of Need



SERVICE PLANNING & CASE MANAGEMENT

Person Centered Planning
Authorizations
Scheduling & Coordination

BILLING & CLAIMING

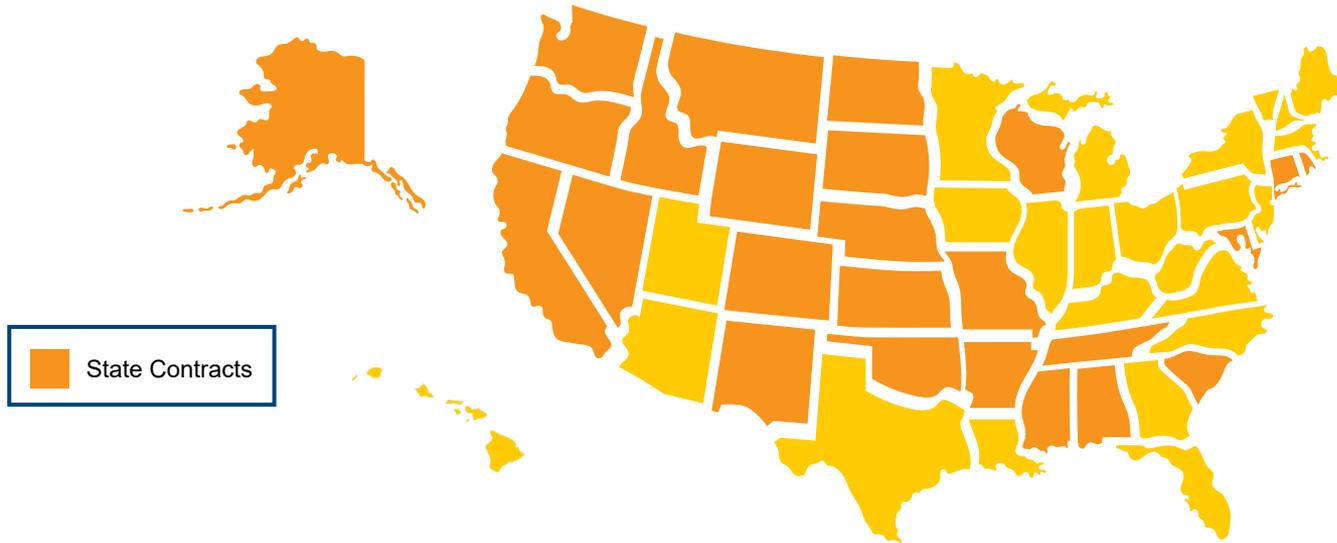
Founded in Service Documentation
Direct to MMIS
Reconciliation

SERVICE PROVISION

Waiver & Provider Management
Provider Documentation

Where is Therap?

We have users in all 50 states and **25+** state contracts



Agenda

Who We Are

Why Therap?

Person Centered
Approach

Case Studies

The Right Choice

Why Partner with Therap?

We are **focused** on the Human Services field



We bring industry leading **experience**



We **empower** States with **proven** solutions



So they can provide the **best outcomes** for the people they serve



Agenda

Who We Are

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The Right Choice

Core Principles



Data security

Agenda

Who We Are

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The Right Choice

Interoperability



Agenda

Who We Are

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Partnerships with Industry Leaders



Agenda

Who We Are

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The Right Choice

We benefit all stakeholders



State Government



Providers



Families

Agenda

Who We Are

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Case Studies

The Right Choice

Flight Pattern: Open Vendor Model



- Providers can choose their EVV solution
 - Use Therap State solution, or a 3rd Party Solution
 - Providers control the ability/timing to edit EVV
 - Providers control Quality Assurance timing
 - Provider's Control Claims Timing
 - Both Submit EVV data to the Therap Aggregator
 - State controls the gates = EVV Validation
 - Prepayment Claims Validation

Open Vendor Model



- Provider flexibility wherever possible
 - Pre-Schedule or Self Check-In
 - Providers run their business
 - Check in Methods
 - Providers Choose the options that work for them
 - Additional Data Collection
 - Provider flexibility with Regulatory minimums

PCS vs. Home Health Decisions



- Different Provider Base
- Different Timelines
- Different Billing
 - Revenue Code Changes
 - Institutional Claims vs Professional Claims
- Same Flexibility

Core Elements - Data Collection



Flexibility for all EVV Vendors



Mobile Device Access - Does GPS work in Alaska?



Offline - expecting a lot of this?



Interactive Voice Response (IVR) - Might be the only option for some?



Fixed Visit Verification (FVV/FOB) - Interesting option?



Manual Edit - Last Resort



Taxi Phase: Vision for a Successful Model and Approach



Each party and system involved in the process plays their correct role:

- **Providers**
 - Collect data, manage staff
 - Submit and manage their EVV Data & their Claims
- **State Divisions**
 - Monitor compliance
 - Assure quality
- **MMIS**
 - Pays (or doesn't pay) claims based on edits
- **EVV System**
 - Provides MMIS with data for edits
 - Provides State Divisions with data for compliance, QA, oversight
 - Does not interfere with provider billing cycles



Stakeholder Engagement



- Town Hall Meetings
- Website Communications
- E-Alerts and Email Pushes
- Targeted Reporting
- Targeted Outreach
- Clear Deadlines
- Clear Consequences
- Extra Support when Needed

Targeted Training



- Different Pathways identified - same destination
 - Therap Users & 3rd Party Users
- Train the Trainer Approach
 - Admin Experts in EVV system
- Website Tools
- Videos, Guides, and FAQ's
- Extra Support when Needed

Admin Control - Configuration - Schedule





Caregiver Training Simulators

Scheduling/EVW

Self Check-In
(iOS)



Self Check-In
(Android)



Scheduled Slot
Check-In (iOS)



Scheduled Slot
Check-In (Android)



The screenshot shows a website interface with the Therap logo in the top left corner. In the top right, there are navigation links: "EVV Solutions for States", "EVV Features", and "Secure Login". Below the navigation is a breadcrumb trail: "Home / EVV Support Material in Multiple Languages". The main heading is "EVV Support Material in Multiple Languages". Below this heading, there are 17 yellow buttons arranged in four rows, each representing a language. The languages are: Arabic (العربية), Burmese (မြန်မာစာ), Farsi (فارسی), Hmong (Hmong), Kayah (ᩃᩣᨾ᩠ᨿ᩵ᩁᩬ᩵ᨦᩈᩬᩁ), Kinyarwanda (Kinyarwanda), Korean (한국어), Lao (ລາວ), Nepali (नेपाली), Russian (Русский), Somali (Soomaali), Spanish (Español), Swahili (Kiswahili), Tagalog (Tagalog), Tigrinya (ትግርኛ), and Turkish (Türkçe).

Language	Language	Language	Language	Language
(Arabic) العربية	မြန်မာစာ (Burmese)	(Farsi) فارسی	Hmong (Hmong)	ᩃᩣᨾ᩠ᨿ᩵ᩁᩬ᩵ᨦᩈᩬᩁ (Kayah)
Kinyarwanda (Kinyarwanda)	한국어 (Korean)	Lao (ລາວ)	नेपाली (Nepali)	
Русский (Russian)	Soomaali (Somali)	Español (Spanish)	Kiswahili (Swahili)	Tagalog (Tagalog)
	ትግርኛ (Tigrinya)	Türkçe (Turkish)		

Takeoff Phase: Go In Order - Step 1



Providers Need to Capture EVV every time, at the point of service

- Therap Users - Direct Training
- 3rd Party Users - Attestation

Climb Phase: Go In Order - Step 2



Aggregate the EVV Data - Clean EVV only!

- View Only
- Special Reporting - Roll Up
 - EVV Data IS Billing Data (not Claims)
- Clear Messaging

Cruise Phase – Descent Phase: Go In Order - Step 3



Validate the Claims against the “Good EVV”

- MMIS Interface – Adding EVV Edit Codes
- Soft Launch
 - Provider Support & Outreach
 - Targeted Messaging
- Hard Launch

In Flight Announcement



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Post Flight Procedures: What Worked or Ended up Working



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Provider Training

- New Technology
- Disconnect between Agency Program Admins and Agency Billers

What Worked or Ended up Working



Check In Methods

- Mobile worked!
 - Except Mobile Device Language
- Offline not as popular, FVV more popular
- GPS ≠ Text Address
 - Google is less accurate in rural Alaska

What Worked or Ended up Working



Staff ID - Core EVV Element

- Rendering Provider
 - Already In place +++
- Home Health Staff ID
 - Creative Solution



MMIS Connection

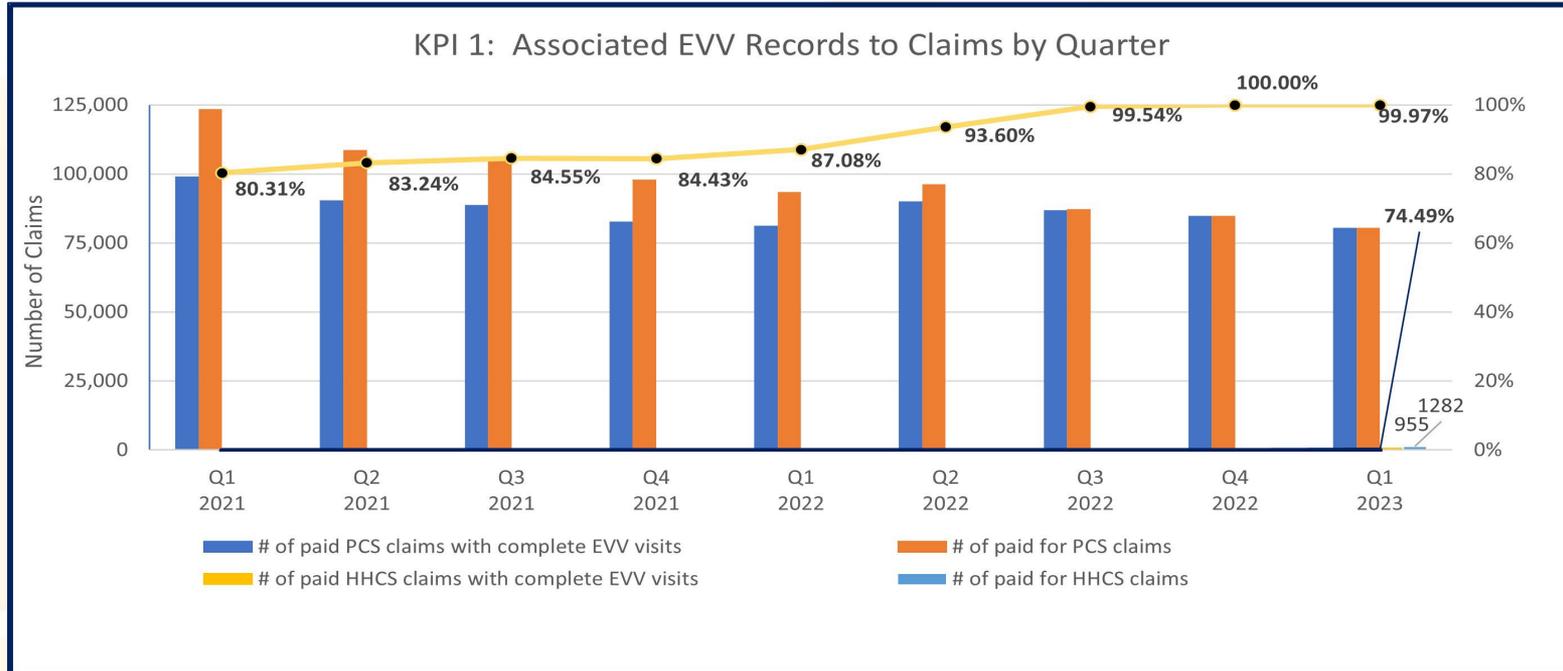
- Focused on what systems already do and fitting into existing processes
- MMIS is involved one way or another
 - Claims submission timing became an issue

Results are In!

KPI 1: Associated EVV Records to Claims to Claims



$$\% = \frac{\text{\# of paid claims and encounters that have complete EVV visit records associated with them}}{\text{\# of paid claims and encounters for PCS and/or HHCS}} \times 100$$





PCS claims since Hard Launch August '22

- Average rate of claims denied due to EVV data mismatch = 3.37% (as of July 5)

HHCS claims since Soft Launch Jan '23

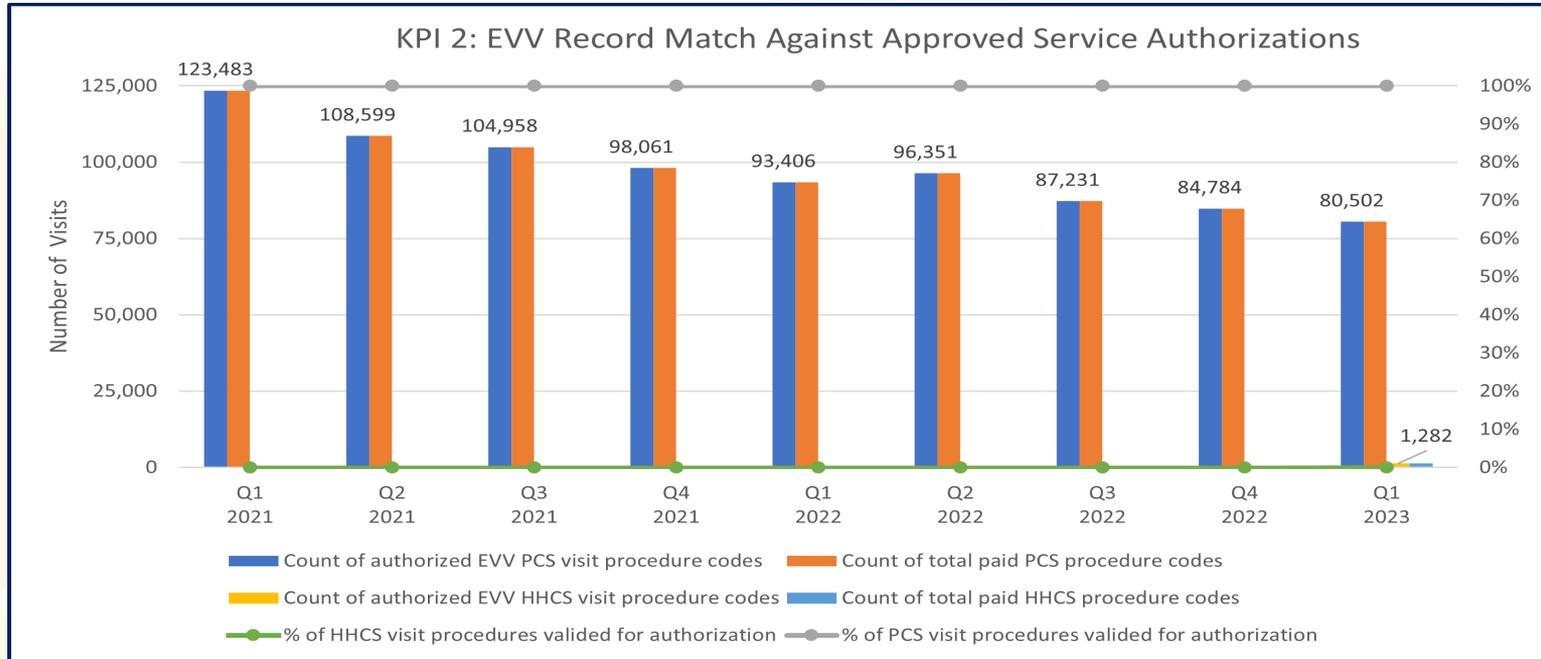
- Average rate of claims 'pay and report' would be denied due to EVV data mismatch = 35.16% (as of July 5)

Results are In!

KPI 2: Match to Approved Service Authorizations



$$\% = \frac{\text{\# of procedure codes paid for which units, provider, and service were approved / authorized}}{\text{\# of home visit procedure codes paid}} \times 100$$

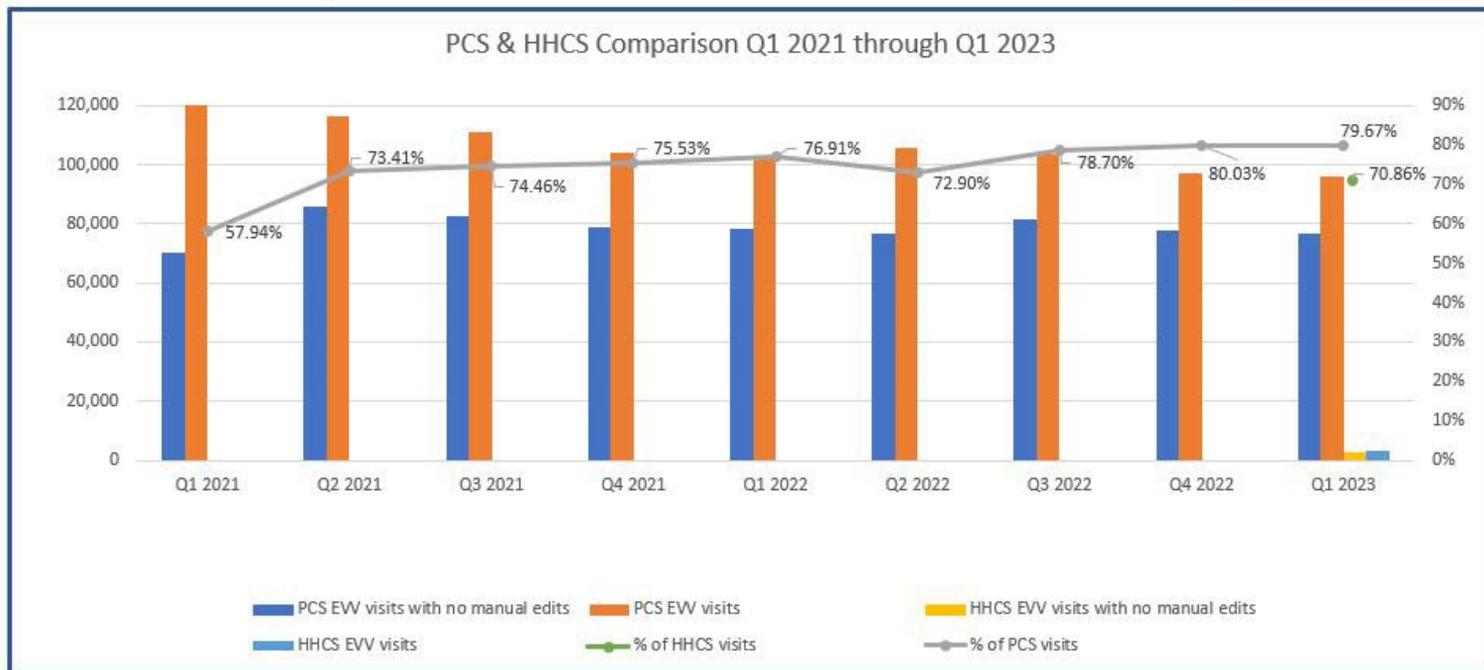


Results are In!

KPI 3: Visits with No Manual Edits



$$\% = \frac{\text{\# of EVV records for verified visits which have no manual edits}}{\text{\# of EVV records for verified visits received}} \times 100$$





Keep It Simple

- Tempting to change, fix other issues, but EVV is its own big lift
- Still Acknowledge other related issues, and leave room for flexibility and future changes
- Build from/on top of what you already have



Invest In Your Provider Base

- Can't do it without them
- Clear Messaging
- Listen to their Suggestions
- A little extra support can go a long way



EVV doesn't directly fix anything

- But it does shine a light on some things
 - Disconnected Billing processes
 - Missing Documentation to support visits
- Clear Consistent provider requirements and enforcement
 - Levels the playing field for Providers that are doing everything right



Build Provider Capacity

- Give Providers same kinds of reporting that State has
 - Increased Quality Assurance tools
 - Increased Quality Assurance Capacity

Final Announcement

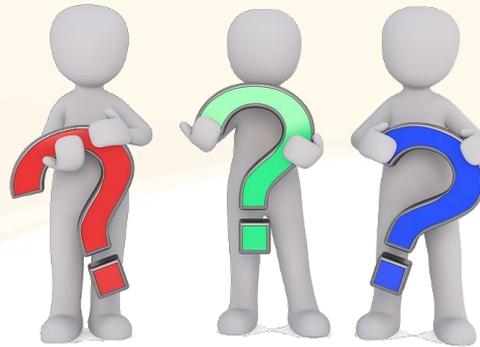


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Questions?





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Department of Health (DOH)

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Thank you!

