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Solutions that Matter

Addressing Program Integrity in an Expanding Provider Market:

Electronic Visit Verification within the Department of Veterans Affairs Home Health Programs

By Rawson Baylor Pino and Dale McCourt

Electronic Visit Verification (EVV) is a tool that can be used within home and community-based services programs to improve care coordination and quality oversight, while also reducing a program's risk of fraud, waste, and abuse.

This paper outlines the potential of EVV in Department of Veterans Affairs home health programs, highlighting the advantages and savings associated with utilizing an EVV solution, as well as identifying how partnerships can help navigate the diverse and complex environments of home health programs to ensure success.

Introduction

Within the Department of Veterans Affairs' (VA) health care system, there are over 500,000 veterans receiving long-term care through 14 institutional and non-institutional programs. Most veterans receive long-term care through the non-institutional programs aimed at providing services in the home or community to enable independence, support aging in place, and avoid the high cost of institutional care[1]. The demand for long-term care programs is expected to continue to increase—from fiscal years 2014 through 2018, the number of veterans in a VA long-term care program increased 14 percent from 464,071 to 530,327 veterans. However, a recent study noted that the VA faces challenges with ensuring consistent management and oversight across these long-term care programs[2]. Compounding this issue, the passage of the VA MISSION Act in 2018 expanded access for veterans to receive more care from non-VA providers through the Community Care Network[3].

As of mid-2020, the VA practices limited measures of program oversight for non-institutional long-term care programs, including contacting one third of veterans receiving home health care annually to ensure they are receiving services according to their plan of care[4]. As the Community Care Network undergoes foundational developments and administrative alignments, this is an ideal time for the VA to seek out and implement program integrity tools to ensure home and community-based care administered within this new environment includes robust program oversight, transparency, and accountability. The programs managed under the Department of Health and Human Services' (HHS) Center for Medicare and Medicaid Services (CMS) are trusted and insightful examples of program integrity best practices.

In 2019, the VA partnered with CMS to share and implement best practices for program integrity, including the initiative to compare information on suspicious health care providers delivering services to veterans through purchased care programs in their communities[5]. Building on this partnership, the VA should consider other CMS oversight programs that increase the program integrity of home and community-based service delivery within the VA healthcare system. One such program is the use of Electronic Visit Verification (EVV).

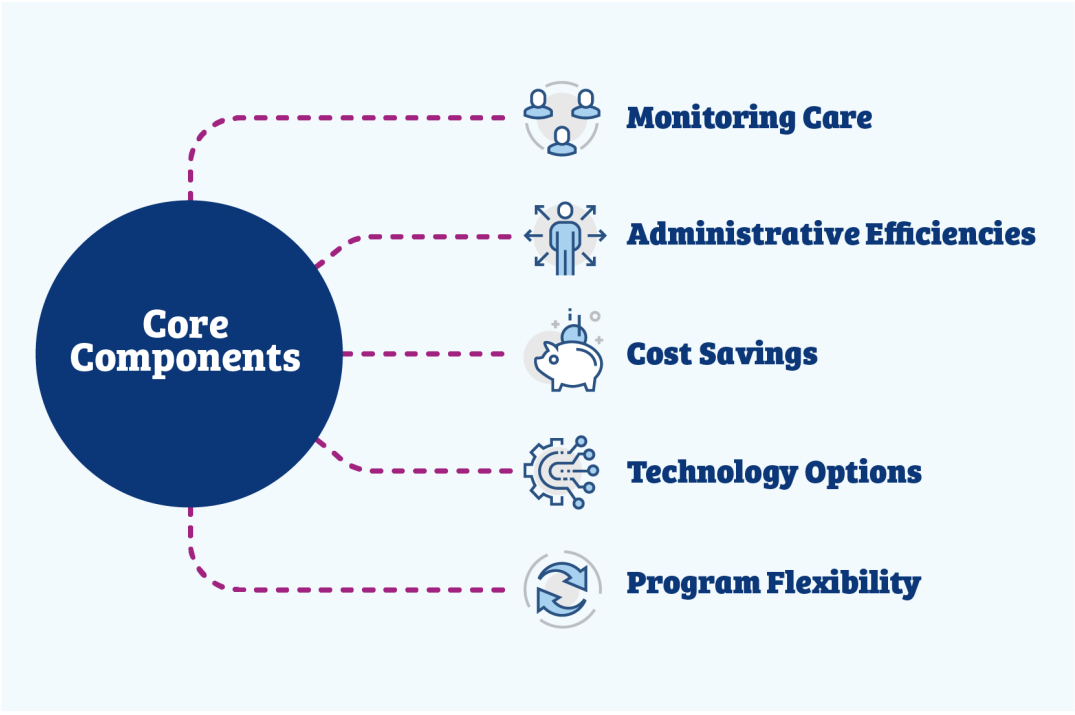
Applying Best Practices from CMS Programs—

Electronic Visit Verification

Electronic Visit Verification is a method used to verify home health care delivery. EVV can validate the location, provider, length of visit, and recipient of home health services, ensuring that visits are taking place as reported and patients are receiving their necessary care. For instance, visit information can be captured in real time through GPS location verification at the start and end of each visit and through on-screen patient confirmation of service delivery. In the state Medicaid environment, EVV is federally mandated through the 21st Century Cures Act (Cures Act) for all Medicaid personal cares services and home health services that require an in-home visit by a provider[6]. The Cures Act legislation was passed in response to findings by the HHS Office of Inspector General (OIG) that identified significant vulnerabilities in the personal care services (PCS) market related to improper payments due to lack of compliance and inadequate controls to ensure appropriate payment and quality of care[7]. In one particularly egregious example of provider misconduct, a state Medicaid Fraud Control Unit (MFCU) identified an attendant that billed Medicaid for 196 days of round-the-clock care to a beneficiary, yet was recorded as having frequented a casino during 151 of those days. As a result of having basic nutritional and medical needs ignored during this time, the beneficiary died from a combination of dehydration and sepsis[8].

In an effort to reduce instances of fraud, waste, and abuse within Medicaid programs, the Cures Act requires states to implement an EVV solution that captures six key data elements—location, time, date, provider, member, and services—to electronically verify home and community-based service (HCBS) delivery. With a January 1, 2020, deadline (and a January 1, 2021, extension) for state Medicaid EVV implementation, many states are still procuring and implementing EVV systems; however, for states that already have a system in place, there are a number of key insights that can be gained through analyzing EVV within the Medicaid market for application in other areas, such as the VA.

These insights relate to the following core components of EVV programs:



Analysis of EVV in the State Medicaid Market—

Advantages and Impacts

Monitoring Care.

One important component of EVV that addresses quality of care and ensures adequate program integrity controls is an EVV system's ability to capture critical visit information and support care coordination. EVV replaces the sometimes outdated or insufficient monitoring and communication methods of providers in state Medicaid programs, and relays service delivery information in real time to program administrators. The EVV visit data is captured on-site by the caregiver, approved by the beneficiary, automatically synced with a data warehouse, and accessible through a web portal for administrative functions. EVV supports real-time care monitoring by giving program administrators the ability to confirm service delivery, receive notifications for late or missed visits, and monitor care delivery against authorized amounts and durations of services.

Administrative Efficiencies.

EVV can also be a powerful tool for improving administrative efficiencies of a program by eliminating paper timesheets, accelerating the claims matching process, and interfacing with electronic health records. Texas has noted that approximately 2,300 providers are using EVV, which has replaced paper timesheets for each visit. Texas cites that with the use of EVV providers can submit more accurate billing, electronically monitor remote staff, and ensure better patient care[9].

Cost Savings.

Currently, the Congressional Budget Office estimates that EVV will account for $290 million in savings over a 10-year period for state Medicaid programs; however, this figure is subject to change as the OIG and state MFCUs are able to examine the impact of EVV on PCS fraud reduction[10]. For states that have already implemented EVV, there are reports of an estimated ongoing savings ranging from 3 to 7 percent of their HCBS costs through a reduction in inaccurate or fraudulent Personal Care Services (PCS) and home health payments[11]. For instance, it has been reported that South Carolina's EVV implementation has resulted in an estimated initial savings of 10 percent and ongoing savings of 6 to 7 percent as a result of automated time reporting and billing[12].

Technology Options.

When it comes to the technology associated with EVV, there are a number of options available—including telephonic, GPS-enabled device, fixed visit device, and biometric solutions—that all have associated impacts with ease of use, accuracy, and ability to integrate with existing systems. While different program needs result in different assessments of the technology platform's value, generally, the most widely used form of EVV is through a GPS-enabled device, such as a smart phone, application. The use of a smart phone application provides organizations with flexibility to meet diverse needs by including accurate and robust location and service delivery data to support program reporting, analysis, and administration. EVV solutions with smart phone applications typically have an accompanying web-based solution that serves as the back-end receiver of visit data for program administration. Further, solutions that are supported by cloud-based technology, such as Amazon Web Services, reduce configuration costs and increase ease of integration with legacy systems.

Flexibility to Address Changing Program Needs.

As EVV solutions have developed for use within the state Medicaid environment, they have been configured to meet certain program needs. However, as the VA considers the use of EVV within the VA healthcare system, it should view EVV as a strategic tool that can be used to address other program priorities and operational needs. For instance, EVV could be configured to meet the following VA goals and priorities:

- **Telehealth:** As the VA expands access to long-term care services to veterans through telehealth, EVV could support modular components that integrate telehealth service delivery.
- **Veteran-Directed Care:** For VA programs that allow veterans to manage their own home and community-based service needs, EVV could support Veteran-Directed care and enable veterans to manage their budget and service delivery.
- **Background Checks:** As the VA continues to implement measures that ensure the providers within its network are credentialed to provide services, automatic background checks could be incorporated into EVV to ensure no veteran is put in harm's way by a caregiver with a problematic background.

Implementing EVV within the VA

As the VA continues to improve oversight in long-term care programs and manage the increase in non-VA community providers, EVV is a valuable tool that can capture critical service delivery data, assist in fraud investigation and remediation, and empower patients to communicate feedback related to their care. In an October 2019 Press Release announcing a cross-agency collaborative VA Health Care Fraud Task Force, the VA Inspector General Michael J. Missal said, "Combating health care fraud is one of our highest priorities. . . . As the VA MISSION Act expands VA's Community Care program, this is one of those rare opportunities in government where we can be proactive and get ahead of the curve by partnering with the Fraud Section and leveraging its proven strategies for combating fraud in the Medicare program.[13]" Not only will an EVV solution assist in proactively detecting health care fraud, but it can also leverage lessons learned from CMS's implementation of EVV within the state Medicaid setting to ensure best practices are implemented within the VA. With a projected expenditure in long-term care increasing 107 percent from $6.9 billion in 2017 to $14.3 billion in 2037, it imperative the VA has the appropriate tools in place to combat fraud, waste, and abuse within the home and community-based setting[14].

When considering implementing EVV within the VA it is clear the operating environment is complex. The VA manages 14 decentralized long-term care programs across diverse geographic regions that are currently undergoing a transformation toward an integrated Community Care Network managed by third-party administrators. In light of this environment, an EVV best practice recommended by CMS is exploring the benefits of EVV with a pilot program. The pilot program can be used to demonstrate the value of capturing EVV data, analyze improvements to care coordination and service delivery, and aid in investigation of fraud, waste, and abuse. The pilot location could be determined based on demonstrated areas of concentrated fraud, areas where the Mission Act drastically increased non-VA providers to the VA network, or areas where high numbers of veterans are receiving home health care services.

Conclusion

As the VA looks for a partner to conduct an EVV pilot, it should seek out a firm with proven expertise in program integrity work in the home and community-based setting. Public Consulting Group, Inc. (PCG) has decades of experience working on provider program integrity projects including enrollment services, conducting site visits, investigating incidents, and completing structural reviews. Additionally, PCG is an HCBS subject matter expert, having conducted stakeholder engagement with the HCBS community on hundreds of projects with almost every state Medicaid agency. Further, PCG has a collaborative team that performs EVV implementations in traditional and consumer-directed Medicaid settings. PCG would welcome the opportunity to bring this experience to bear as the VA explores EVV as a new tool to improve care coordination, address quality oversight, and reduce fraud, waste, and abuse in home health programs.

About PCG

Public Consulting Group, Inc. (PCG) is a leading public sector solutions implementation and operations improvement firm that partners with health, education, and human services agencies to improve lives. Founded in 1986 and headquartered in Boston, Massachusetts, PCG has over 2,500 professionals in more than 60 offices worldwide—all committed to delivering solutions that change lives for the better. The firm has four designated practice areas with extensive experience in all 50 states, clients in six Canadian provinces, and a growing practice in Europe. Often combining resources from two or more practice areas, PCG offers clients a multidisciplinary approach to solve their challenges or pursue opportunities. To learn more, visit www.publicconsultinggroup.com.

About the Authors

Rawson Baylor Pino is an experienced management consultant with advanced skills in project management, strategic communications, and policy analysis. She has diverse professional experiences with federal, state, and local government organizations, having worked for Booz Allen Hamilton, the National Park Service, and the City of Eugene, Oregon. Ms. Pino applies her experience in project management, research, and policy analysis as a Consultant on the Health team at PCG and supports Payer Services projects centered around large-scale technology implementations. Since joining the firm in 2019, Rawson has served in key roles managing business development initiatives, reporting and analysis efforts, and communication and training programs. She holds a Master of Science degree from the University of Oregon and a Bachelor of Arts degree from the University of Virginia.

Dale McCourt , Associate Manager, and certified Project Management Professional (PMP) has been a member of PCG since 2011. Dale brings over 25 years of experience spanning many industries where he has served in a variety of roles. Dale's innate curiosity and eagerness to solve problems using process improvement techniques and developing technology solutions has manifested itself in the development of new product lines and technologies aimed at proactively guarding against Medicaid provider fraud, waste and abuse as well as educating providers on Medicaid compliance, through high-touch, technology-driven provider oversight techniques. Dale leads the development of PCG's EVV product offering from a business perspective while working directly with PCG's technology department to develop the technology. He is looked upon as an EVV subject matter expert within PCG, having presented to State Medicaid Agencies and national conferences regarding EVV best practices as well as given EVV technology demonstrations.

To learn more about Electronic Visit Verification in Department of Veterans Affairs Home Health Programs, contact us today:

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Endnotes

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