PARTNERSHIP FOR MEDICAID HOME-BASED CARE

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Submitted via email to pcsprogram@dhcfp.nv.gov

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1100 E William Street
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RE: Implementation of Federally Mandated Electronic Visit Verification System for Medicaid Personal Care and Home Health Care Services

Dear Ms. Robbins:

Thank you for allowing the Partnership for Medicaid Home-Based Care (PMHC) the opportunity to submit comments related to Nevada's implementation of the federally mandated Electronic Visit Verification (EVV) system for Medicaid personal care and home health care services.

PMHC is comprised of organizations representing home care agencies, MCOs and other payers, national and state home care associations, and technology vendors who have come together to improve the quality and integrity of Medicaid funded home and community-based services (HCBS). Recognizing the integral role of home and community-based care in the Medicaid program, PMHC is dedicated to advancing and supporting public policies that bring accountability to and secure the Medicaid program for care recipients and taxpayers alike.

PMHC strongly supports the implementation of an "Open Model" system of EVV. Past state implementations in a "Closed Model" have not met the standard required by the 21st Century Cures Act to be least burdensome to stakeholders. Additionally, unlike a closed model system, implementing an open model system enables states to meet the standards required by the Act and provides benefits to all stakeholders.

States opting for an open model allow providers and MCOs to choose a system that best suits their operation. In this model, states first establish their EVV technology and configuration requirements, rules, and policies. They then purchase an "aggregator system," which is a vendor-agnostic system that takes in data from all EVV systems, applies standardized business rules to ensure visits are properly and consistently verified, and generates alerts when visit data does not conform to these standards. This allows the state to maintain comprehensive oversight of the entire program, regardless of EVV system used.

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The open model results in true vendor neutrality and fully supports provider and MCO vendor choice while still allowing states to set specific minimum technology standards. Further benefits of the open model/aggregator system include:

- Vendor-agnostic EVV programs that maintain accountability for the state;
- Flexibility for providers to select the EVV vendor that works best for their business;
- Ability for payers to manage a single, uniform source of EVV data and network rules management tools;
- Opportunities for vendors to improve EVV systems based on evolving technology enhancements and market pressures; and,
- Flexibility for states to keep up with technology changes and necessary innovations.

In a closed model, the state Medicaid program contracts with a single EVV vendor and mandates that all provider agencies use that vendor's EVV system. The selected solution is implemented by the state, and the state maintains direct management and oversight of the entire program. Contracting is typically handled through an existing contractual relationship (e.g., MMIS vendor) or via a formal procurement process.

However, many states with closed model systems have encountered significant delays and provider objections. Providers primarily object to a closed model if they have already standardized their business processes around a specific technology solution that may even meet the EVV requirements. The provider now must invest in, manage, train, and support a new system that may not integrate well with their core business processes. This complicates their operations and workflows.

An open model EVV system is why the right choice for states, providers and consumers, on every point of comparison:

- Compliance, as measured by rate of adoption of the mandated EVV technology;
- Cost to the state to implement an EVV program (assumes enhanced federal match of 90%);
- Business burden, including the time and effort the state and providers must expend to implement and manage the program; and,
- Outcomes, including the savings the state expects to recoup based on impacts to fraud, waste, and abuse.

On behalf of the Partnership for Medicaid Home-Based Care, its members, and the individuals that we are privileged to serve, please accept my gratitude for this opportunity to share our comments and recommendations. If we can be of any assistance in your vitally important work, please don't hesitate to contact us at (202) 742-5274.

Kindest regards,

Darby Anderson, Vice Chairman
Chair, PMHC EVV Working Group