

---

# HMA

---

HEALTH MANAGEMENT ASSOCIATES

## A NATIONAL SURVEY OF MEDICAID READINESS FOR ELECTRONIC VISIT VERIFICATION

JULY 2017

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics  
and Finance, Program Evaluation, Data Analysis, and Health System Restructuring*

---

ALBANY, NEW YORK • ATLANTA, GEORGIA • AUSTIN, TEXAS • BOSTON, MASSACHUSETTS • CHICAGO, ILLINOIS • COLUMBUS, OHIO  
DENVER, COLORADO • HARRISBURG, PENNSYLVANIA • INDIANAPOLIS, INDIANA • LANSING, MICHIGAN • NEW YORK, NEW YORK  
PHOENIX, ARIZONA • PORTLAND, OREGON • SACRAMENTO, CALIFORNIA • SAN ANTONIO, TEXAS • SAN FRANCISCO, CALIFORNIA  
SEATTLE, WASHINGTON • SOUTHERN CALIFORNIA • TALLAHASSEE, FLORIDA • WASHINGTON, DC

## Table of Contents

A SUMMARY OF FINDINGS FROM A NATIONAL SURVEY OF MEDICAID READINESS FOR ELECTRONIC VISIT VERIFICATION.....	3
21 <sup>st</sup> Century Cures Act.....	3
National Survey of State Medicaid Programs .....	3
About HMA .....	6
About Sandata.....	6

## A SUMMARY OF FINDINGS FROM A NATIONAL SURVEY OF MEDICAID READINESS FOR ELECTRONIC VISIT VERIFICATION

### 21<sup>st</sup> Century Cures Act

In December 2016, the 114<sup>th</sup> US Congress enacted the 21<sup>st</sup> Century Cures Act. Section 12006 of the Act requires States to implement Electronic Visit Verification (EVV) for Medicaid-financed Personal Care Services and Home Health Care Services by January 1, 2019 and January 1, 2023, respectively, to avoid an escalating reduction in their federal match. Under the Act, EVV systems operated by the State or a contractor on behalf of the State qualifies for enhanced Federal Medical Assistance Percentage (FMAP) matching funds (90% for implementation, 75% for ongoing costs). The EVV system must verify the following:

- Date of service;
- Location of service;
- Individual providing service;
- Type of service;
- Individual receiving service; and
- Time the service begins and ends.

To see the full requirements, please click on [21<sup>st</sup> Century Cures Act](#).

### National Survey of State Medicaid Programs

In preparation for compliance with this mandate, Sandata Technologies LLC, a national leader in delivering EVV solutions, commissioned Health Management Associates (HMA) to develop and conduct a survey of states' readiness to implement EVV in their Medicaid programs. States were surveyed on their awareness and familiarity with the components of the Cures Act, EVV deployment models, and where States are in the process of implementing an EVV solution to meet the mandate. The survey questions can be viewed [here](#).

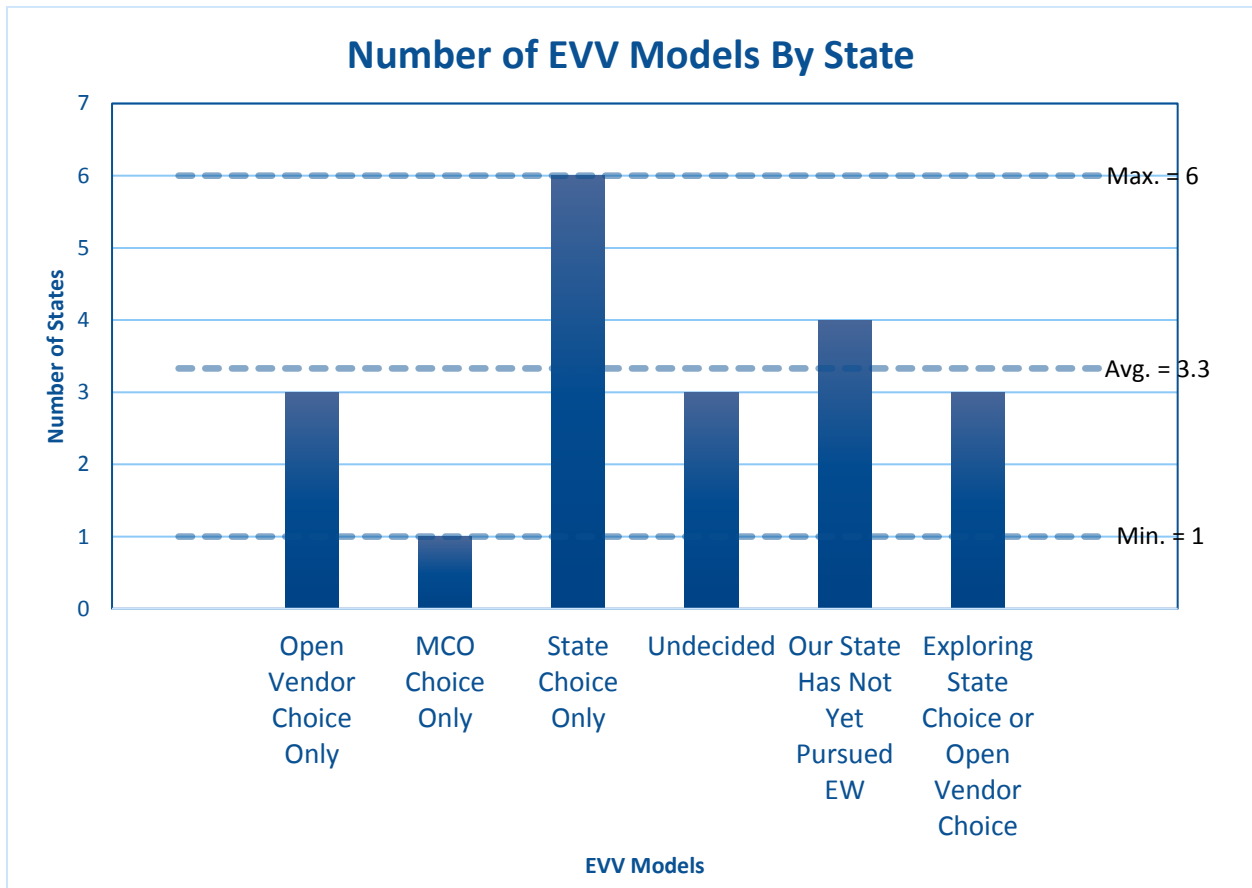
HMA received 29 survey responses which includes more than one response from a few states. The responses offered insights about states' EVV understanding, preparations and features of interest. HMA is pleased to provide the following survey highlights:

- 26 respondents had some familiarity with the Cures Act requirements
- 8 respondents have already implemented EVV
- 5 states have submitted an advance planning document (APD) to CMS; 3 states have plans to submit an APD
- 16 respondents requested more information about the Cures Act and EVV requirements as reflected in Table 1.

**Table 1: Respondents indicated information of interest.**

Information Needs	# of Respondents
EVV technology solution options that comply with the Cures Act	13
The impact EVV will have on the provider’s cost to deliver services	11
An overview about the Cures Act, its EVV system requirements and impact on the state	10
Additional benefits that EVV systems can provide beyond Cures Act compliance	10
The enhanced FMAP described in the Cures Act	10
EVV system best practices	
How to align EVV implementation across Medicaid fee-for-service and managed care programs	10
Efficiencies afforded to stakeholders from EVV systems implementation	10
Additional services that could benefit from EVV systems	8

Respondents were given the option of selecting which of the most commonly used models for EVV deployment are under consideration in their state. Figure 1 shows the breakout by respondent of the different models under consideration across states.



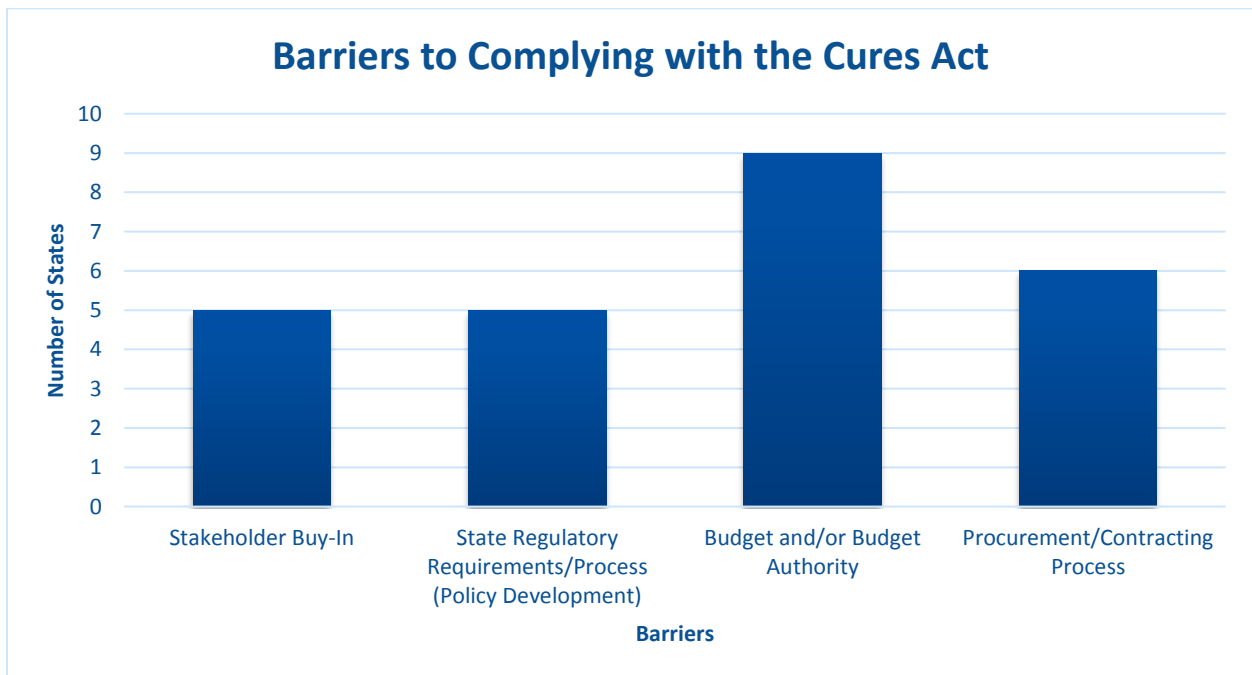
**Figure 1: States are evaluating several models for EVV deployment**

In addition to the mandated EVV functionality, respondents were asked about which commonly offered features are of interest or already in place to help support HCBS programs as shown in Table 2.

**Table 2: Respondents indicated which features were of interest for their EVV system**

EVV Implementation Feature	# of Respondents
<b>Billing. Enhances the billing process allowing only verified claims to be submitted for payment</b>	<b>19</b>
<b>Data analytics. Used to identify potential fraud</b>	<b>18</b>
<b>Scheduling. Supports provider adherence at point of scheduling; creates alerts for missed or late scheduled visits, supports providers in managing caregivers</b>	<b>13</b>
<b>Aggregator. Supports the Open Vendor EVV model; Aggregates data from state procured EVV system and third party EVV systems to provide the state with a single, uniform source of EVV data and network rules management tools</b>	<b>11</b>
<b>Identity management. Uses technology such as facial recognition to validate the identity of the provider and/or the person receiving care to prevent identity fraud</b>	<b>7</b>
<b>Member satisfaction surveys of HCBS services. Supports collection of consumer satisfaction data from recipients of home health care, personal care or other HCBS services</b>	<b>6</b>
<b>HCBS provider credentialing. Used to ensure service providers and workers are properly licensed and credentialed prior to service delivery</b>	<b>4</b>

States were also asked to identify barriers they anticipate to successfully comply with the Cures Act as shown in Figure 2.



**Figure 2: Number of state respondents on barriers to Cures Act compliance**

## **About HMA**

Health Management Associates is a leading independent national research and consulting firm in the healthcare industry. Founded in 1985, today we are more than 200 consultants strong and still growing. We help clients stay ahead of the curve in publicly funded healthcare by providing technical assistance, resources, decision support and expertise. Our consultants have an intimate understanding of the challenges and constraints our clients face, and we work across disciplines and geographical areas to put that knowledge to work for every client. Our areas of expertise include Long-term Services and Supports, Government Programs, Healthcare Delivery Development and Redesign, Managed Care, Data Analytics, Healthcare IT Advisory Services, Behavioral Health, Clinical Services, Community Strategies, Correctional Health and Investment Services. For additional information about HMA please visit <https://www.healthmanagement.com/>.

## **About Sandata**

Sandata provides a complete package of information technology solutions, which includes scheduling, time and attendance, billing, payroll, compliance and clinical applications for the home care industry. Sandata's suite of products includes Santrax® Electronic Visit Verification™, the market leading time and attendance product, Santrax® Agency Management and Santrax® Payer Management, web-based software solutions with features including voice biometrics to perform speaker verification, and a jurisdictional view dashboard solution for states and other payers, municipalities and the home care agency markets, Santrax® Member Management, an ADA Section 508 compliant member portal for self-directed members to view, modify and approve worker timesheets, and Santrax® Point of Care, an innovative data collection and remote chart access tool giving workers the ability to collect both clinical and non-clinical information at the point-of-care. Sandata has over 3,500 provider agencies across the United States processing more than 125 million verifications annually. For additional information about Sandata, please visit [www.sandata.com](http://www.sandata.com).