

# Electronic Visit Verification

## Stakeholder Network Visioning Session Summary

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## Abstract

**Electronic Visit Verification (EVV)** is a technology that automates the gathering of service information by capturing time, attendance, and care plan information entered by a home care worker at the point of care. EVV gives providers, care coordinators, and DCH access to service delivery information in real time to ensure there are no gaps in care throughout the entire course of the service plan. The technology contributes to Georgia Medicaid’s mission of providing access to affordable, quality health care services for Medicaid members.

With respect to personal care services or home health care services, EVV electronically verifies the:

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

If you have any questions or would like more information and updates regarding Georgia’s EVV implementation, please feel free to email us at [evv.medicaid@dch.ga.gov](mailto:evv.medicaid@dch.ga.gov) or visit the DCH EVV webpage at: <https://dch.georgia.gov/georgia-medicaid-electronic-visit-verification>.



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## Executive Summary

In December 2016, the 114th US Congress enacted the [21st 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. The Act requires States to implement EVV to avoid an escalating reduction in their federal funding match. Under the Act and with CMS approval, 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).

### **Georgia is committed to adhering to the federal 21st Century Cures Act mandate.**

The mandate contributes to Georgia Medicaid's mission of providing access to affordable, quality health care services for Medicaid members. EVV will help to reduce billing errors and improve claims payment accuracy as well as reduce Medicaid fraud, waste and abuse by verifying services were rendered.

The Act requires that states have a stakeholder engagement process as part of their EVV implementation. To ensure a smooth transition to EVV, the [Georgia Department of Community Health \(DCH\)](#) has on-boarded the North Highland (NH) consulting group to assist with Organizational Change Management (OCM) support during the project. DCH and NH, forming the Georgia DCH EVV Project Team, have been focusing on ways to engage our stakeholders and streamline communications about EVV and our state-wide implementation activities. The EVV Project Team recognizes the importance of engaging our stakeholders early in the planning phase and working collaboratively with them throughout the implementation.

The EVV Project Team has been working diligently to provide information about EVV across the Medicaid member and service provider communities. We have created an **EVV Stakeholder Network** as part of the OCM process to gather stakeholder input and feedback through various communication channels. The EVV Stakeholder Network is intended to engage representatives from all affected stakeholder groups in providing feedback to DCH throughout the planning, selection, implementation and ongoing support of the system. The EVV Stakeholder Network consists of representatives of Personal Support Services and Home Health Care program providers (those using their own EVV system and those that do not have a system), members (consumer-directed and traditional), waiver program representatives, sister agency representatives and responsible DCH executives, program and Information Technology (IT) leaders and staff.

The introductory task of the stakeholder network was to come to a common consensus on the high-level expectations of the EVV system and its implementation. For this purpose, on February 27, 2018, DCH brought the charter members of the EVV Stakeholder Network together in a **Visioning Session** facilitated by North Highland at the DCH office location at 2 Peachtree Street, Atlanta, Georgia 30303.

The following is a summary of the activities and output of the EVV Visioning Session.



## Approach

The attending network participants were separated into two work groups; groups A and B. Each group received an initial list of expectations of Georgia's EVV program, compiled from stakeholder interviews held over the course of four weeks. Each group was asked to confirm whether the list of expectations was complete, add expectations if appropriate, and prioritize these in three primary categories:

- "Must-Haves"
- "Should-Haves"
- "Nice-to-Haves"

The groups were then brought back together for a facilitated discussion that resulted in a consensus list of expectations ranked by importance.

## Work Group Results

### Group A's "Must-Have" Expectations

- The solution provider will ensure Georgia's EVV system meets all federal and state privacy and information security requirements.
- The EVV federal launch date will be met.
- Implementation and operations of the EVV system has minimal impact on members.
- Flexibility of services delivered to members will not be reduced.
- DCH will effectively communicate with members and providers.
- All affected stakeholders are adequately trained on how they will participate in using the EVV system.
- The EVV solution that best meets stakeholders' needs will be picked versus the solution with the lowest price.
- The EVV system will be easy to use and will not require much training or knowledge.
- The solution provider will be primarily responsible for deploying and managing the EVV technology.
- DCH will manage data collected from the EVV system, internally.
- DCH will be responsible for the EVV system versus a shared agency approach.
- Georgia's EVV solution will interface easily with providers' existing EVV systems.
- The EVV solution will allow for data transfer from existing EVV systems – multiple file formats. *(Expectation added during the Visioning Session)*



### Group B's "Must-Have" Expectations

- The solution provider will ensure Georgia's EVV system meets all federal and state privacy and information security requirements.
- The EVV federal launch date will be met.
- Implementation and operations of the EVV system has minimal impact on members.
- Flexibility of services delivered to members will not be reduced.
- DCH will effectively communicate with members and providers.
- The EVV solution that best meets stakeholders' needs will be picked versus the solution with the lowest price.
- The EVV system will be easy to use and will not require much training or knowledge.
- The solution provider will be primarily responsible for deploying and managing the EVV technology.
- DCH will manage data collected from the EVV system, internally.
- DCH will be responsible for the EVV system versus a shared agency approach.
- The EVV system launch goes smoothly.
- The EVV system should collect only the required location and other data on members.
- The EVV system will be linked to billing.
- The EVV system and process will be fully automated; allowing for manual processes for exceptions.
- Communication flow will be 2-way – from members to DCH also (must include providers as well). *(Expectation added during the Visioning Session)*

### Group A's "Should-Have" Expectations

- Flexibility in handling unforeseen circumstances on the provider side. *(Expectation added during the Visioning Session)*
- The EVV system has little to no cost for providers.
- Accountability for providers and self-directed members will be better.
- The EVV system and process will be fully automated; no manual processes.
- The EVV solution matches DCH's strategy and helps improve efficiency.
- The EVV system should collect only the required location and other data on members.
- Long term, care management will be better by having access to real-time data via the EVV system.
- DCH's ability to detect and prevent fraud, waste, and abuse will be better.
- The EVV system launch goes smoothly.
- The EVV system will help self-directed members manage worker data.



### Group B's "Should-Have" Expectations

- Accountability for providers and self-directed members will be better.
- The EVV solution matches DCH's strategy and helps improve efficiency.
- Long term, care management will be better by having access to real-time data via the EVV system.
- DCH's ability to detect and prevent fraud, waste, and abuse will be better.
- The EVV solution has the flexibility to add or change the data collected in the future.
- All affected stakeholders are adequately trained on how they will participate in using the EVV system.

### Group A's "Nice-to-Have" Expectations

- The EVV system will be linked to billing.
- The EVV solution has the flexibility to add or change the data collected in the future.

### Group B's "Nice-to-Have" Expectations

- Georgia's EVV solution will interface easily with providers' existing EVV systems.
- The EVV system will help self-directed members manage worker data.

## Consensus Results

### Consensus Building

After the groups reported their rankings, the OCM team arranged the "**Must-Have**" Expectations common across both work groups into three categories based on common expectation objective areas. Specifically, the areas are:

1. Maintain member flexibility
2. DCH "To-dos"
3. EVV solution

The common themes that emerged focused on members' privacy / security, flexibility, needs, and outcomes.

An **Additional Expectations** category was noted to capture expectations that were not commonly ranked in the "Must-Have" category across both groups, as well as expectations that were ranked in the "Should-Have" and "Nice-to-Have" categories. These expectations were then grouped according to the rank given by the participants, with greater weighting applied to expectations that were allocated to "Should-Have" versus "Nice-to-Have" designations.



Expectations that were added by each group during the initial ranking exercise were not ranked below since these “new” expectations were not evaluated by the other work group. These “new” expectations were noted above.

### Agreed Upon “Must-Have” Expectations

The participants unanimously agreed that the unifying theme for the EVV program should be “Focusing on our members is a priority!” This theme guided the discussion and thinking in the final consensus of the Must-Have expectations. The consensus Must-Have expectations are in the following table.



<b>CONSENSUS “MUST-HAVE” EXPECTATIONS</b>		
<b>MAINTAIN MEMBER FLEXIBILITY</b>	<b>DCH TO-DOs</b>	<b>EVV SOLUTION</b>
<ul style="list-style-type: none"> <li>• Implementation and operations of the EVV system has minimal impact on members. *</li> <li>• Flexibility of services delivered to members will not be reduced. *</li> <li>• The EVV solution that best meets stakeholders’ needs will be picked versus the solution with the lowest price. *</li> </ul>	<ul style="list-style-type: none"> <li>• DCH will effectively communicate with members and providers (two-way communication between external stakeholders and DCH). *</li> <li>• The EVV federal launch date will be met.</li> <li>• DCH will manage data collected from the EVV system internally. **</li> <li>• DCH will be responsible for the EVV system versus a shared agency approach.</li> </ul>	<ul style="list-style-type: none"> <li>• The solution provider will be primarily responsible for deploying and managing the EVV technology.</li> <li>• The solution provider will ensure Georgia’s EVV system meets all federal and state privacy and information security requirements. **</li> <li>• The EVV system will be easy to use and will not require much training or knowledge.</li> </ul>

Table 1: Consensus “Must-Have” Expectations

\* Denotes focus on member privacy / security

\*\* Denotes focus on member flexibility / needs / outcomes



Additional Ranked Expectations

Expectations that were not commonly ranked as "Must-Haves" for both Groups A & B are shown below.

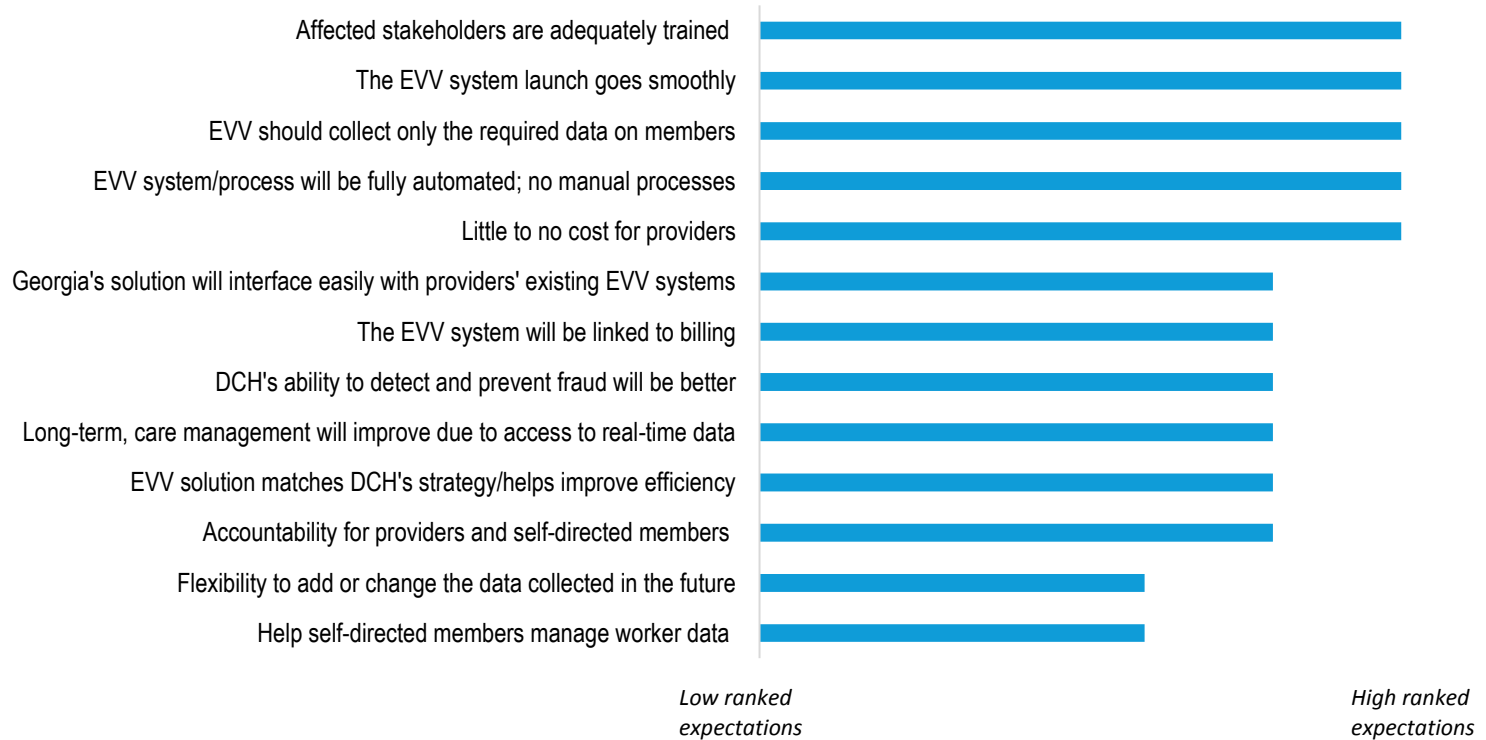


Table 2: Additional Ranked Expectations



## Conclusion

The EVV Stakeholder Network consensus expectations will be factors that the DCH EVV Project Team will use as inputs in the selection and implementation of the state-wide EVV system.

The EVV Stakeholder Network will be kept informed of the ongoing status of the project and enlisted to help in communicating with stakeholders they represent.

**The DCH EVV Project Team appreciated the enthusiasm of the participants of this EVV Visioning Session and we look forward to working together towards a successful EVV implementation!**

## Important Links

- **21<sup>st</sup> Century Cures Act:** <https://www.congress.gov/bill/114th-congress/house-bill/6>
- **DCH EVV-Dedicated Website:** <https://dch.georgia.gov/georgia-medicaid-electronic-visit-verification>
- **Quick Reference Guide:**  
[https://dch.georgia.gov/sites/dch.georgia.gov/files/FINAL\\_EVV%20Quick%20Ref%20Guide%20-%20One%20Pager.pdf](https://dch.georgia.gov/sites/dch.georgia.gov/files/FINAL_EVV%20Quick%20Ref%20Guide%20-%20One%20Pager.pdf)
- **Schedule of Events:** <https://dch.georgia.gov/evv-schedule-events>

Also, to receive more news and alerts about our efforts towards a successful EVV implementation here in Georgia, you can:



- Check out our Facebook page at <https://www.facebook.com/gadepthcommunityhealth/>,
- Follow us on Twitter at <https://twitter.com/gadch>,
- Subscribe to our YouTube channel at <https://www.youtube.com/user/gacommunityhealth>,
- Search the hashtags: #GAEVV and #GAMedicaid.

Email the DCH EVV Project Team at [evv.medicaid@dch.ga.gov](mailto:evv.medicaid@dch.ga.gov) if you have more questions regarding Georgia's EVV implementation.

