Electronic Visit Verification (EVV) in the CHOICES MLTSS Program

"The better to ensure my quality of care with, my dear!"

What matters most?

- Member's experience of care!
- Services are provided based on member's need/ preference, not provider's convenience

Agenda

- **The State's Perspective**
  - Background and Overview of Tennessee's LTSS system
  - Tennessee's EVV Requirements: Then and Now
- **Amerigroup**
  - Meeting Contract Requirements
  - Implementation
- **HealthStar**
  - Designing and Building the System
  - Demo

Tennessee's LTSS System

- Transitioned from Elderly/Disabled Adult Waiver (1915(c)) to Managed Long-Term Services & Supports
  - Long Term Care Community Choices Act of 2008 (CHOICES)
  - CHOICES implementation began March 2010

- Prior to CHOICES
  - Provider-driven scheduling (most members didn't "need" services on evenings, weekends or holidays)
  - Limited line of sight into timeliness of services
  - No ability to identify/address potential gaps in care
  - Paying for services that were not provided

- Services monitored through EVV
  - Personal Care
  - Attendant Care
  - In-home Respite
  - Home Delivered Meals

TN Division of
**Health Care
Finance & Administration**

Then…

- Electronic Visit Verification System
  - In conjunction with CHOICES implementation *(What were we thinking?!)*
  - Member-preferred scheduling with flexibility (time versus window of time)
  - Telephony based
  - Capture time in/out for each service
  - Match services provided with service authorizations
  - Verify authorized worker
  - Verification of services provided if no log in/out recorded
  - Provide alerts for late visits/resolution of gaps in care
    - Real-time dashboard for providers and MCOs
  - Generate claims file for MCOs

TennCare Contract Requirements

- **What worked**
  - Members receiving services when they needed them
  - Less than 2% incidence of missed visits
  - Dashboard monitoring and late visit alerts
- **What could have worked better**
  - Member and worker behavior
  - Members nor workers had line of sight into hours logged
  - Verification of late and missed visits
    - Administratively burdensome
  - Keeping appropriate phone numbers in system
  - Reconciling claims

TennCare Contract Requirements

Now...
- Global positioning technology
- Static GPS device
- Telephony and text-to-verify back up
- Capture time in/out for each service
- Match services provided with service authorizations
- Verify authorized worker
- Verification of services provided if no log in/out recorded
- Members can see and verify hours logged
- Systems generated reporting
- Provide alerts for late visits
  - Automate contact to the member
  - Real-time dashboard for providers and MCOs

- Electronic claims submission file
- Electronic reconciliation report

Now...

'Value add' enhancements

- Capture worker notes per service provided
- Engage the provider/worker as member of care team – notification of change in status/needs
- Collect/aggregate real-time point-of-service quality data regarding member's experience of care (ultimately) for report card/payment
- Leverage technology for health education and self-management of chronic conditions

TennCare's Vision

Wrapping up: *What matters most*?
Member's experience of care!

- Measuring a meaningful day
- Workers and providers more engaged in quality of care and quality of life components
- Real-time feedback and response on member perspective/issues and potential health concerns
- Future of healthcare management – members taking control