

Electronic Visit Verification (EVV)

Moving beyond verifying the visit



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EVV helps states be compliant

Medicaid payers, as purchasers of EVV, have a significant financial stake in EVV adoption.

Market factors for EVV adoption and relevance:

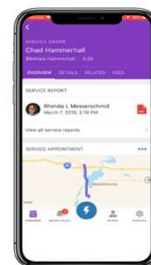


Continued increase in use of home health care and personal care for Medicaid members



21st Century CURES Act of 2016 requires states to implement an EVV system:

- Personal Care Services (PCS) by January 1, 2020
- Home Health Care Services (HHCS) by January 1, 2023



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EVV benefits

States and managed care organizations (MCOs)

- Financial interest for states to qualify for full federal funding of personal care and home health services
- Stronger avoidance of fraud, waste and abuse through tracking and validation of in-home visits
- Ability to track additional care details during the visit



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EVV benefits

Verify claims before
they are transmitted.



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Verify Claims before they are submitted

- Use EVV to confirm CMS Cure's Act requirements are met before claims are submitted.
- Add additional claims editing tools to identify claims errors upfront.



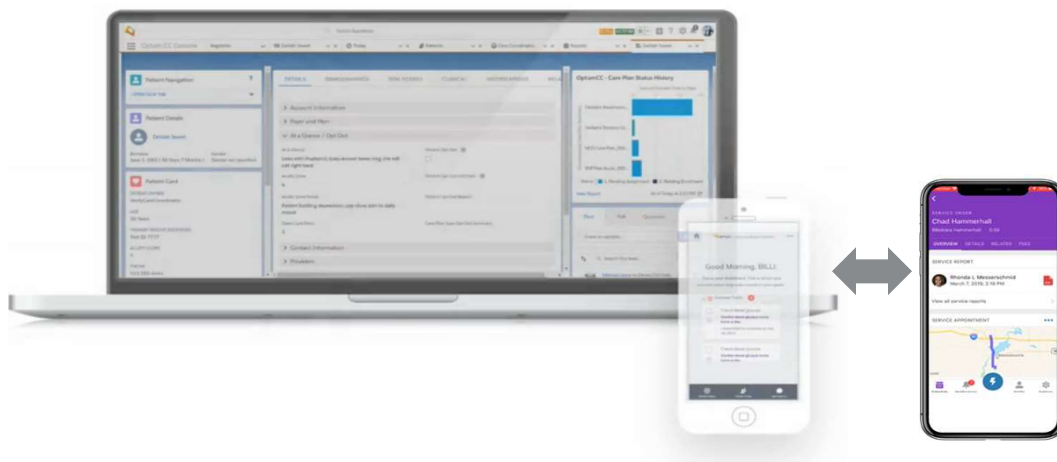
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Aggregation

Combine the data from the visit with other care services to create comprehensive view of the consumer.



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Beyond the basics can result in

- Improved care management and identifying gaps in care which lead to cost escalation.
- Improved communication to adjacent services.
- Expanded ability to intervene earlier.



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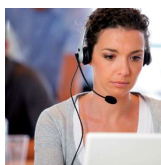
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Point of service evaluation versus post claims (continued)



Prior authorization and service scheduling

- Review real-time scheduling to identify trends and gaps in service
- Compare care plan requirements to appointments results. Capture actions that trigger an increased request for more services or rescheduled services?



15 members with diabetes and depression have had an increase in service requests this week

- Identify the trend. WHY?
- Have these members seen their PCP recently? Have their services been delivered as expected?
- Should members in the category typically have more or less service hours authorized?



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Point of service evaluation versus post claims (continued)



Service delivery

- Compare delivery across providers and care workers.
- Capture additional information
- Flag additional services that are delivered late and monitor for trends and impacts.



Mary has missed her AM PCA services on Thursday for the past three weeks.

- Has this impacted Mary's care?
- Does Mary end up in the ER when certain services are missed?
- Do you end up adding more hours to the plan because some services are frequently missed?



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Point of service evaluation versus post claims (continued)



Service delivery

- What additional information can you capture at service delivery?



Mary has missed her AM PCA services on Thursday for the past three weeks.

- Does Mary have any social determinates of care gaps?
- Does she have any DME needs that may improve her care?
- Does the care worker notice a change?



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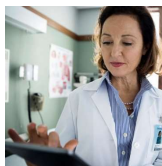
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Point of service evaluation versus post claims (continued)



Claims submission and payment

- Leverage machine learning to identify the situations and conditions to track at service delivery.
- Expand beyond claims to authorization evaluation.



What triggers might identify potential cases for evaluation?

- Missed visits to ER trips
- Continued requests for increased service hours
- Services frequently rescheduled
- Provider that trends at a higher service hour letter
- Service detailed not captured at visit



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Conclusion

- CMS guidance pending on outcome based certification
- Verify claims before payment improves Payment Integrity
- Capture additional information about a beneficiary to build data set and improve service



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