The Future of Home Care Compliance

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Agenda
- The Current State
- Changing Law & Policy
- EVV: A Catalyst for Change
- Present & Near Future
- Looking Down the Road
The Current State

- In many states, Managed Care is new to the home care environment
- Many network providers, often small, with limited IT sophistication
- Lack of connectivity/communication between plans, providers and caregivers
- Lack of visibility for plans and for the state
- Many processes are paper-based, assuring compliance is difficult
- Leads to huge challenges to monitor performance and drive improvement
- Audits/reviews are retrospective
Challenges and Vulnerabilities

- Typically frail and vulnerable patient
- Single caregiver
- Unsupervised setting
- Caregiver is in a position of trust and power – can easily be abused
- Often difficult to confirm if duties/tasks are or aren’t performed

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Challenges and Vulnerabilities

- Complex ecosystem with different parties involved:
  - Orderer
  - Skilled Nursing
  - Home/Personal Care Aide
  - Case Management

- Numerous activities and documents:
  - Plan of care
  - Authorizations
  - Scheduling
  - Delivery of services
  - Billing
Risk for Providers and Payers

- Lack of compliance can result in:
  - Quality of care issues
  - Claw backs from plan, state or federal government
  - Loss of contracts
  - Loss of members
  - Harm to reputation
  - Bad publicity
  - Lower reimbursement from a VBP methodology

Nexus of Fiscal and Care Issues

- In home care, billing issues and quality of care issues often merge:
  - A missed visit (that gets billed)
  - A truncated visit (that gets billed for the scheduled period)
  - Only a portion of the expected duties indicated in the POC are performed
  - Care continues with an expired POC
CMS has finalized an extensive new rule (CMS-2390-F) that focuses on Managed Care. This rule creates new obligations for both the states and the plans. Areas of specific relevance include:

- A comprehensive list (§438.66(b)(1) through (12)) of areas that the states must monitor; including, claims management, utilization and case management, program integrity and “Areas related to the delivery of LTSS not otherwise included in paragraphs (b)(1) through (12) of this section as applicable to the managed care program”

- A similar list of activities is included for which the states must use the data collected from their monitoring activities to improve the performance of the Managed Care programs. This list is also followed by a specific LTSS reference.

- Requires that state contracts must require MCOs to implement and maintain arrangements or procedures that are designed to detect and prevent fraud, waste and abuse.
It’s all about Value

- What are the Home Care metrics that plans will be held to?
- What are the corresponding metrics that providers will be held to?
- What day-to-day activities by case managers, care managers and caregivers contribute to positive metrics?
- Is the necessary information to determine and report metrics available?
- Is it available in an electronic format that allows for consistency, ease of collection and aggregation?

New Federal EVV Legislation

- 21st Century Cures Act - passed the House by a vote of 392-26, the Senate by a vote of 94-5 and was signed into law December 13, 2016. **Section 12006**:
  - Directs States to require the use of an electronic visit verification system for personal care services and home health services (but this policy does not require States to adopt a single system for providers within their State)
  - States that do not require a system for personal care services by January 1, 2019, and home health services by January 1, 2023, will face an incremental reduction in reimbursement percentage
What’s Required?

(A) The term ‘electronic visit verification system’ means, with respect to personal care services or home health care services, a system under which visits conducted as part of such services are electronically verified with respect to—

(i) the type of service performed;
(ii) the individual receiving the service;
(iii) the date of the service;
(iv) the location of service delivery;
(v) the individual providing the service; and
(vi) the time the service begins and ends.

EVV:
A Catalyst for Change
EVV’s Unique Position

- EVV is required
- EVV systems are cloud based
- EVV systems “connect” to the point of care
- EVV systems connect to provider systems
- EVV systems connect to payer systems
- EVV systems connect to state systems
- EVV provides a unified view for provider, payer and state
HHA eXchange’s *Golden Rules*

- Providers only have to use one system
- Providers are able to keep their existing qualified EVV system
- Data from all providers must be aggregated for the MCOs and the State
No Silver Bullet

- There is no single solution to achieve security and compliance in home care.
- Whether it’s a bank guarding money, an organization safeguarding data or home care controlling care and cost, it’s about layers of controls:
  - Real-time edits
  - Real-time monitoring
  - Periodic follow-ups
  - Identify Best Practices
  - Policies and Procedures
  - Training

In-line Controls

- EVV systems can do numerous checks before billing is allowed:
  - Ensure the aide is properly credentialed with no sanctions recorded
  - Caregiver is present at the members house
  - Visit is scheduled and the time and duration of the actual visit match the schedule
  - Visit and the recorded duties are consistent with the schedule, authorization and the POC
  - Billing matches actual, not scheduled

- Where exceptions occur:
  - Have clear policies and procedures on how they can be cleared and by whom
  - Should be controlled, authentication of authorized individuals with accountability and audit trail
Provider Best Practices

- Strong policies and procedures
- Maintain a comprehensive compliance plan
- Focus on exception areas
- Monitor real-time
  - Random calls to member/caregiver
  - Monitor for red flag events as they occur (e.g., visit overdue by 15 minutes)
- Periodic review
  - Review caregiver performances, peer-to-peer analysis
  - Trend analysis, what’s getting better, what’s getting worse
  - What exceptions occur the most, how can we lower them

Predicted Payer Practices (over time)

- Will set base requirements – minimum EVV rate, compliance plan
- Will set goals above base, tied to VBP Methodologies
- Will include the above in contracts
- Will monitor their networks
  - Perform peer-to-peer analysis of providers
  - Gather best practices from high performers
  - Remediation with low performers
  - Perform trending analysis of providers (e.g., year over year)
  - Refine KPI goals based on actual performance
Communication will be enhanced

- More day-to-day interaction
  - Case management involvement
  - Placing patients
  - Collaborate on exceptional circumstances
  - Open communication when negative events occur

- More monitoring and follow-up
  - If providers are monitoring their own activities there should be questions for the plans
  - If plans are monitoring their providers, there should be reach-out to the providers
  - If states are monitoring plans and providers, there should be resulting reach out

- Open communication up and down “the stack” will foster greater improvement, accountability and overall efficiency.
Looking Down the Road

Technological Change

- Increased adoption of mobile devices
- Increase in data gathering at point of care
- Adoption of video
- Adoption of wearables
- Near Field Communication (NFC)
- Store & Forward Technology
It’s all about the data

- Value Based Payment methodologies will mature
  - Upside Gain-sharing
  - Downside Risk-sharing
  - Tension: result-oriented metrics vs. causation and data available

- Increased collection of clinical data
- Use of data conditions to set care alerts
- More day-to-day involvement and monitoring by payers
- Retrospective reviews will remain

Recap

- Embrace & position yourself with the technology
- To optimize, there must be:
  - In-line controls
  - Controlling policies and procedures
  - Expectations set
  - Monitoring
  - Feedback
- Communication and involvement by all parties
Thank You

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About: HHAeXchange (HHAX) is an agency management solution designed for managed care environments to enable operational efficiency and improved service delivery while reducing back-end office costs for home care agencies. HHAX is simple and intuitive and helps agencies retain aides, automate billing and payroll and grow their agency. HHAX enables more than $4.2 billion in home care billings each year.