

Session Code

2032

<u>Date</u>

08/29/17

Time

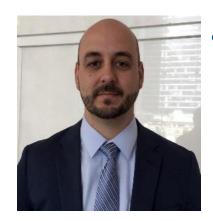
04:15 PM - 05:30 PM





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Meet the Panel



• Tim Haspert - Tim Haspert is a manager on Centene's LTSS Product Team. Tim currently supports the IlliniCare, Buckeye and Pennsylvania Health and Wellness health plans while also working on Centene's roadmap initiatives to improve technology adoption in the LTSS product line.



Robert Breig – Robert Breig is Director, IT Product & Health Care Services at Centene Corporation with extensive experience in overseeing implementation of large-scale information system solutions. He currently supports Centene's Complex Care team to deliver technology innovations in this fast-growing line of business.

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Meet the Panel



Ralph Scherrer - Ralph Scherrer is a Senior Business Systems
 Analyst on Centene's IT – LTSS Product Team. Ralph drives
 technology improvements and processes based on business needs
 and architectural improvements. Ralph's main focus has been on EVV
 and other IT business needs.



Luke Ferguson - Luke Ferguson is a supervisor of business analysis on the Centene LTSS Product team. Luke provides support to multiple LTSS health plans at Centene including IlliniCare, Pennsylvania Health and Wellness, and Superior HealthPlan. Luke is also managing multiple EVV initiatives and serving as the business lead for Centene's EVV objectives.



Meet the Panel - HHAeXchange



 Tom Meyer - Chief Program Integrity Officer, ensures HHAX's platform helps all home care stakeholders comply with state regulations and prevent fraud, waste and abuse. Responsibilities include working with Managed Care Organizations (MCOs), state Medicaid professionals and HHAX customers to demonstrate the value of a collaborative platform in home care.



 Greg Strobel – CEO of HHAX, Greg is a seasoned senior executive having spent over 25 years in the healthcare software and services industry. He has a broad spectrum of experience in both the public and private sectors. Greg served in several senior level healthcare sales and operational roles at McKesson, Health Management Systems, and Ernst and Young.



Centene Overview



WHO WE ARE

St. Louis

based company founded in Wisconsin in 1984



12.2 million members

includes 46,000 MMP Members 215,000 MLTSS Members

248,000 & 2,300

Physicians Hospitals

In our provider networks



WHAT WE DO

28 states

with government sponsored healthcare programs & implementations, including:

Medicaid (23 states)

MLTSS (7 States) MA SNP (8 States)

ABD Non-Dual (17 States)

MMP States

(6 States) CA, IL, MI, OH, SC, TX Marketplace (13 States)

Medicare (13 States)

Correctional (8 States)



Objectives

- ➤ Describe how EVV works
- ➤ Review 21st Century Cures Act
- Centene's EVV Innovations
 - ➤ Benefits of EVV Innovation
- >HHAeXchange Vendor Perspective
- >Q&A



Objectives

Centene's EVV Innovations presentation is about agency models

We are not advocating for EVV for the use of individuals who are using self direction



What is EVV?

Electronic Visit Verification (EVV) is a modern visit verification system which acts as an electronic time clock for home care workers

Member – An individual receiving Home and Community Based Services (HCBS)



How is EVV Recorded?

- > Telephony Telephone calls to log in and out
- ➤ Mobile Application Real-time GPS tracking of the caregiver
- > FOB's (Fixed Objects) In-home devices to clock in and out









Basic EVV Services

- Document the exact date of services delivered
- Document the exact time the services begin and end
- Location Recording
- Document the Services and Tasks, and other discipline specific information that makes up a complete record of the patient encounter



21st Century Cures Act

EVV Portion of the Cures Act

- SEC. 12006 Electronic Visit Verification system required for personal care services and home health care services under Medicaid
- ➤ Electronic Visit Verification will be implemented for Personal Care services by January 1st, 2019, and for all other Home Healthcare services by January 1st, 2023



21st Century Cures Act

Cures Act EVV Requirements

- ➤ A Cures Act-compliant EVV system must electronically verify the following:
 - The type of service performed
 - The individual receiving the service
 - The date of the service
 - The location of service delivery
 - The individual providing the service
 - The time the service begins and ends



Cures Act EVV Penalties

Personal Care Services						
2019	2020	2021	2022	2023 and there after		
0.25%	0.25%	0.50%	0.75%	1.00%		

Home Health Care Services						
2023	2024	2025	2026	2027 and there after		
0.25%	0.25%	0.50%	0.75%	1.00%		

- ➤ If the State chooses not to implement EVV then it will face Federal Medical Assistance Percentage (FMAP) reduction beginning 2019
- > FMAP reduction will increase each year up to 1% by 2023







- > HHAeXchange (Voluntary Pilot Program)
- ➤ Pilot in-production: November 2016
- Includes EVV aggregation and clean claims generation
- > Supports provider choice of EVV system

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Centene's EVV Innovation

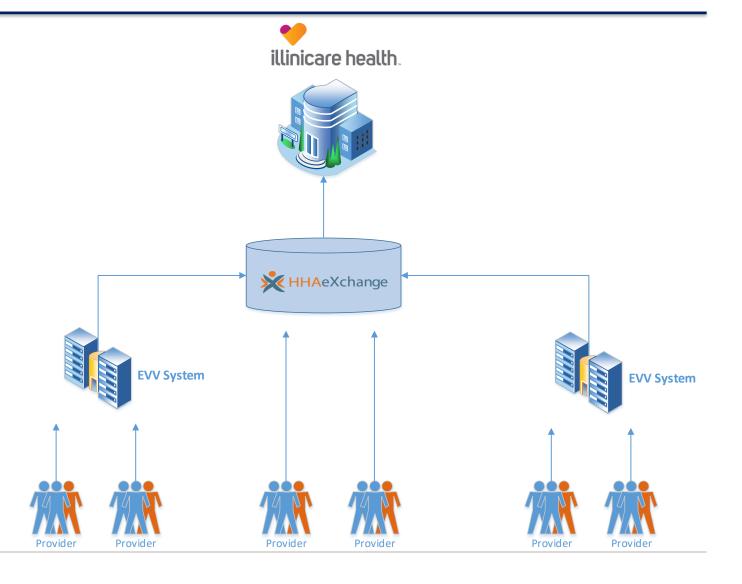
- Care Management Reporting
 - Care gaps
 - > Tasks performed
 - Change in condition
- > Ability to monitor timeliness of visits
 - ➤ Missed visits
 - > Late visits
 - > True visit schedule
- > Visit to authorization validation to ensure "clean claim" submission



EVV Aggregator

Definition

The Payer aggregates EVV data but still allows providers to stay engaged with their current EVV system





Benefits to Member Care

- Electronic Visit Verification (EVV) holds home care workers accountable for visiting members and providing the right care at the right time
- EVV empowers home care workers to record real-time information on services provided and member conditions
- > EVV also promotes better member outcomes



Benefits to Care Providers

- Simplified payment process with payer
 - Reduces paper time sheets and manual billing
 - Reduces clearing house fees
- > Streamlined communication process with payer
- > Increased visibility into member information:
 - Authorization
 - > Service Plan



Benefits to Payer

- Verified visit matching increases claims auto adjudication
- > Helps identify fraud and waste
- Opportunity for care gap alerts
 - ➤ Missed Visits
 - ➤ Late Visits





HHAeXchange - Who we are





Market share:

- Over 375 clients in multiple states:
 - > Billing over **\$4.2 Billion** of annual homecare services
 - > Servicing over **217,000** patients on a monthly basis
 - > Supporting over **13,000** unique system users
 - Used by over 193,000 caregivers
 - Processing over 49 Million calls per year

Our Company (founded in 2008):

- > Sole focus is Home Care Software Development
- > 5 Offices/200+ employees (NY, FL, MO, AL, PA)
- > Over 97% client retention rate
- Majority market share in NY

Awards for Innovation:

- First to commercially provide shared MLTSS
 EVV + Case management platform
- Featured in *Forbes* magazine, "Healthcare Innovators" in 2016
- Award-winning: "Fiercest Product" for 2015 by Fierce Health Payer for overcoming fraud, waste, abuse









HHAeXchange - What we do

Market Focus

Real time, integrated electronic workflow software tools to the homecare Payer & Provider market. Connecting the home care ecosystem.

Unique Shared Platform

Centralized Web-based software platform where States and MCO Payers are dynamically linked to their Network Home Care Providers, creating a shared environment to effectively interact real-time for increased operational efficiency.

Products

- Payer: Unique operational platform for any Payer that streamlines authorization, case management and communication between Payers and Homecare Providers.
- Provider: Leading web-based enterprise class agency management solution for Home Care providers.
 - Referral Management, Intake, Scheduling, Compliance, Billing and Reporting
- > **HHComply**: Jurisdictional View for States and MCOs with unique "drill-down" BI tools provided





EVV Data Innovation

- ➤ Mandated, typically cloud-based (SaaS) system
- ➤ Connected to Point-of-Care, Provider, Payer and State
- > Every stakeholder can contribute, every stakeholder can benefit
- Creates opportunities well beyond just EVV
 - Collection of clinical data
 - > Real-time alerts
 - Drive value-based payment methodologies





Challenges to Innovation

- Closed Systems difficult to innovate
- Open Systems difficult to achieve interoperability
 - > Requires a well-defined technical framework
 - Innovation will occur as system matures
- > Gathering more data can create disruption
 - Mobile applications continue to mature
 - > Efficiencies from emerging technologies such a wearables





Key Success Factor – Planning

- Develop a technical framework
 - Existing landscape and investments
 - > Include all stakeholders and allow for choice
 - Centralize key data for stakeholders to operate with autonomy
- > Review existing laws, regulations and policies in light of EVV
 - Eliminate rules that are redundant or unnecessary
 - > Add requirements necessary to support framework





Key Success Factor – Implementation

- > Limit the requirements to what's necessary
- > Allow time
 - Adopt a pilot approach
 - Embrace phase-ins
 - > Be flexible
- Be patient and supportive
 - Adoption takes time
 - Use empirical data





Helpful References

- > Centene.com
- > HHAeXchange.com
- ➤ For reference to the 21st Century Cures Act search for the 114th Congress House Bill 34 (may or may not contain amendments)



Questions?