MINNESOTA IT SERVICES

Advancing Care Quality with Mobile EVV: A Person-Centered Approach

Kendall Johnson
Director of Communications
kendall.johnson@state.mn.us
(C) 651-334-1760

State of Minnesota: Minnesota IT Services

Category:	Information Communication Technology Innovations
Initiated:	June 2022
Completed:	October 2023

Executive Summary

Using a mobile-first approach, the Minnesota Department of Human Services (DHS) rolled out a new Electronic Visit Verification (EVV) system on June 20, 2022 for providers of personal care and home health services. The system uses a mobile app that incorporated geofence technology to ensure Minnesotans receive the care they need.

Minnesota's EVV system was developed in compliance with the 21st Century Cures Act, Public Law 114–255 (PDF) that requires providers of personal care, including personal care assistance (PCA) and some waiver services and home health care providers to use electronic visit verification (EVV) to verify the type of service performed, who received the service and who provided the service, and the date, time, duration, and location of the service. For state-provided visit verification systems, the 21st Century Cures Act guarantees federal reimbursement for 90 percent of the state's costs for system design, development or installation, and 75 percent of the costs of a Centers for Medicare & Medicaid Services (CMS) certified system's ongoing system operation and maintenance.

While implementation of EVV is a federal requirement, Minnesota worked authentically with people using the services and their direct care workers for their feedback on what would make it least burdensome. Extensive feedback from all stakeholders helped build Minnesota's EVV system using person-centered technology.

From August 2022 to date, more than 4.5M (4,560,416) visits have been confirmed using the EVV system, ensuring that services provided to Minnesotans by personal care assistants and home health care providers are verified. People need these services to live and thrive in their own homes and community. If they do not get the services they are authorized for, or staff do not show up, they are at risk of having to move into congregate settings. EVV ensures people are getting the services they need and pay for while minimizing risk of fraud, waste and abuse.

> **Why it matters:** Sometimes complying with mandates may not be the easiest thing to do. However, DHS found the additional benefits balanced the difficulties. Minnesota's robust system now meets caregivers and recipients of the care where they are at because DHS took the extra time to research what other states were learning, and to gather recommendations from the people who would be using EVV – resulting in 4.5M visits.

Idea: A Person-First Approach

Person-centered practices require government and service providers to listen to what is important to and important for service recipients in creating and maintaining a full and enjoyable life in the community. Minnesota created two-way authentic dialogue with people impacted by EVV to get their feedback on policies, communication, and design. As a result, DHS was seen as an authentic partner who built trust specifically with providers who could then better support people and their direct workers.

Listening to Stakeholders

DHS started the project by engaging directly with community partners involved with personal care and home health, and designing a solution that was minimally burdensome in all aspects for everyone involved, from the person receiving the services, families, their direct worker, providers, financial management entities, community advocates, and lead agencies.

During those meetings, we collected input, documented their feedback, concerns and preferences, and shared them in a legislative report. Many of the recommendations reflect the shared value of person-centered practices, especially among people who receive services.

Number of feedback sessions (in-person and webinars): 14

Average number of attendees per session: 40

Regions covered: 5

DHS and MNIT designed the system and created requirements specifically to reflect their feedback. When we needed to make tough policy decisions, we reached out again for feedback and incorporated it as much as possible. While we couldn't always deliver everything everyone wanted, they knew their input was valued and "heard". We continue to offer information sessions with much of the time set aside to hear their questions. We created FAQ resources with the most frequently asked questions and answers. We also created an EVV email box to ensure people could always get their questions to the EVV team and get responses.

Stakeholder groups included: direct support workers, agencies that provide personal care assistance (PCA) services, people who use personal care and home health services, home health service providers, managed care organizations, electronic visit verification vendors, and other interested parties.

> **From August 2022 to date, more than 4.5M (4,560,416) visits have been confirmed using the EVV system.**

MN EVV Cumulative Confirmed Electronic Visits
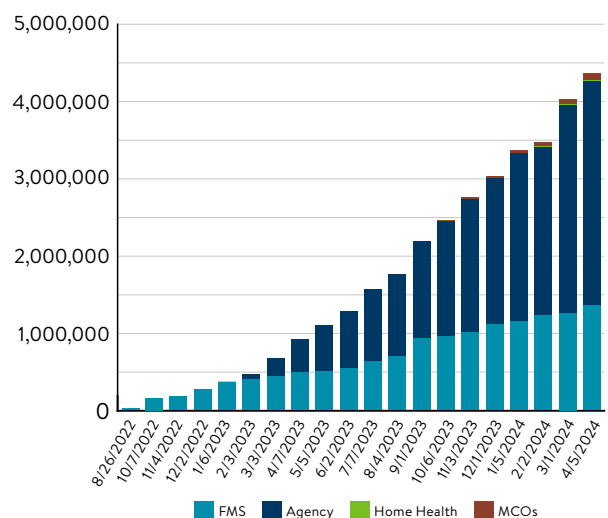
Implementation

Overview

We spent a year developing policies and procedures and working with the vendor to prepare the system for launch in June 2022. DHS started developing EVV in phases by service type. DHS expected providers to start using EVV for affected services during their implementation phase.

Getting the Work Done

The project management approach was three-pronged: an IT project manager from MNIT, a DHS business project manager, and the vendor's project manager. Together they coordinated focus and kept the implementation on track. We used an Agile approach to deploy the application to different users and featuring different capabilities.

At the same time we launched EVV, several other major system launches competed for resources and delayed our progress. The result was that EVV and two other systems launched in close proximity. There were benefits to this overlap because the projects learned from each other in real time. One manager leading EVV and two other similar projects was able to share learnings from EVV to the other efforts and vice versa. This also benefited the community engagement and trust with lead agencies and providers. Because they had a good experience with the implementations, they were more engaged and trusting in the other efforts.

A key development challenge was determining how to support Minnesota's advanced self-directed services in a more traditional service model designed for EVV. We worked with our vendor so that they understood our needs and were able to flex and fit our model. This was also an opportunity for MNIT to coordinate and update policies and procedures around using an off-the-shelf solution.

Technical challenges were minimal. The vendor had excellent training and engagement with Minnesota's provider community. Their train the trainer model included a learning management system which allowed people to learn at their own pace. The soft launch approach took away unnecessary stress and fear.

Phase 1: Financial management services (FMS) for personal care services. Launched June 20, 2022.

Phase 2: Remaining personal care services (Fee for Service (FFS) Personal Care Services). Launched Dec. 12, 2022.

Phase 3: Managed care organizations (MCOs) for personal care services. Launched June 5, 2023.

Phase 4: Home health services for both FFS and MCOs. Launched Oct. 16, 2023. (All home health service providers launched, regardless of payer.)

Resources

The effort was led by teams from DHS and MNIT, and resources were significant to the success. Staff included: business sponsors from DHS, the Office of Inspector General (OIG), and MNIT; business manager for overall oversight; business project manager with technical procurement expertise; EVV contract and operations manager; communications and training lead; provider relations and support lead; and administrative support staff with specific expertise. Additional business resources participated in the effort as appropriate.

Additional MNIT staff included: application administrator, application developer, business analyst, database administrator, enterprise architect, project manager, quality assurance analyst, security, and systems analyst.

The Minnesota Special

While Minnesota implemented after many other states, we could analyze and learn from their implementations. We learned that we wanted to use a person-centered and mobile application approach and did not want to build other complex and expensive systems for collecting EVV data. We learned that we should approach the implementation in phases to minimize potential negative issues. The phased approach also allowed DHS to focus on a smaller group of providers launching to tailor training and information sessions to their specific needs.

Here are some best practices we've incorporated into our other work:

- Direct, early, and frequent communication with people impacted was critical to success.

- Build other avenues to engage with providers and lead agencies so that they know their voice is heard and DHS can benefit from their advice.

- Be transparent about the objectives, what we can do, and what is outside our control.

- Meet people where they are at in the understanding and worries, help them understand the benefits.

- It is okay to not be the first state. By waiting to see what other states did, Minnesota was able to avoid many of the biggest pitfalls.

- Clarify roles, responsibilities, and expectations and document them so everyone knows.

- Share the work across IT and business staff to make sure nothing is missed.

Budget

This project ended up spending much less than the anticipated state budget for two reasons:

1. Clear requirements in the request for proposal meant the selected vendor included all requirements in their response, and we had no unexpected change request costs. In fact, the only change request we did, was to incorporate the managed care organizations into the EVV ecosystem because that was not included in the request for proposal.

2. We eliminated the need to provide mobile devices to every direct worker, a decision backed by feedback. Because we were not an early implementer, we learned from other states who found it very expensive and time consuming. In fact, direct workers reported that they didn't want to carry two phones, discovered that using the app on their phone used little, if any, data, and that the government was not tracking everywhere they went, just where they were when they started and ended services.

Advancing Care Quality with Mobile EVV: A Person-Centered Approach

Design

The scope of this project was to implement the HHAeXchange SaaS based software solution and services. The implementation aggregated member and visit information across the state for applicable payers and providers. Contracting with the vendor to purchase off the shelf solutions is a newer process for DHS. Because we had well defined requirements built into our request for proposal, we were able to easily review respondent's qualifications and existing capabilities to select the best vendor for Minnesota.

When selecting the EVV system, DHS addressed potential barriers to using it for some people.

- The mobile app adheres to W3C's Web Content Accessibility Guidelines (WCAG). Screens include color contrasts, button color changes, and icons or markings.

- Screens display visuals that make it easy to use even when language is an issue.

- The mobile app and training materials are available in Spanish, Karen, Hmong, Russian, Somali, and English.
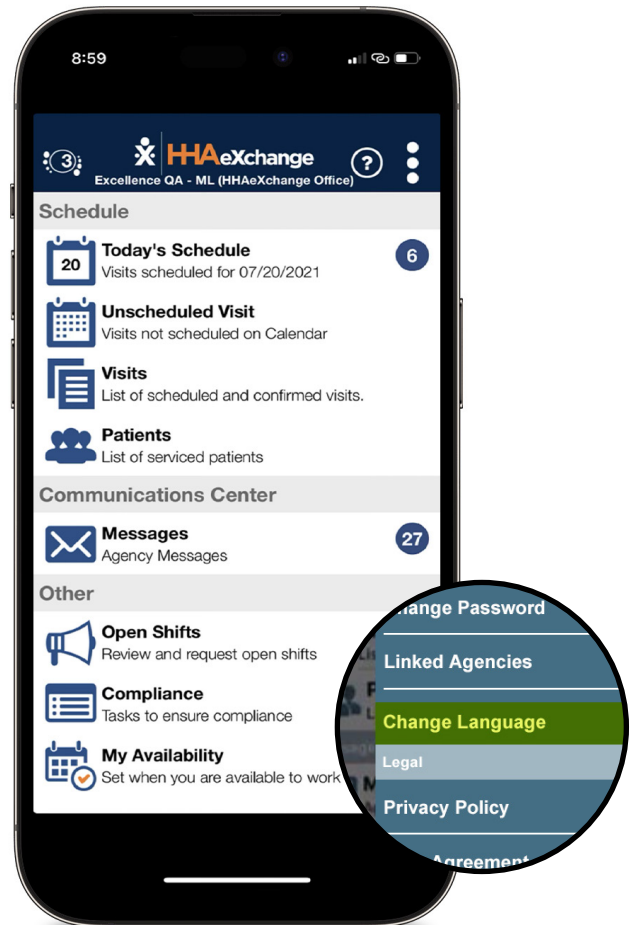
Main Screen

SaaS, Geofencing, and Data Aggregator

Using a software as a service platform ensures that the vendor is maintaining the strong platform design and maintenance to protect data and be accessible to a variety of users. They have an established system that is highly reliable and secure and doesn't require maintenance from the MNIT team.

We used geofence technology to identify a virtual perimeter set to 500 feet around the home address of the member receiving services.

Provider agencies using EVV systems must select the "community" option when providing services or visits outside the geofence range.

The third-party data aggregator compiles data statewide from providers using their system of choice and from providers using the state-provided option. The aggregator provides a single repository of data to support post-payment review of claims requiring EVV. Potential future enhancements to the aggregator could enable pre-payment review of claims and billing of services.

Impact

Benefits Balance Difficulties

Complying with federal mandates may sometimes be difficult and time consuming. That was the case for EVV, however, DHS found that the benefits balanced out the difficulties. We found that EVV added value by:

- Streamlining previously required verification processes.
- Service recipients viewed having a portal specifically for them as a positive person-centered approach that enable access to relevant data (e.g., number of hours remaining in a service agreement).
- The EVV interfaced with current systems, allowing the ability to generate reports.
- EVV could help prevent fraud or enable a faster audit process.
- EVV could help providers and workers identify where errors occurred and fix them.
- Implementing pre-claim validation and billing components would also reduce the work of the Office of Inspector General in recovering funds that should not have been paid.

Customer Experience

We launched all systems by provider type as of October 2023, however, we are still in a soft launch period giving providers time to integrate systems, train their recipients and direct workers at their own pace without fear of repercussions. Engagement with the community of people affected by EVV is DHS's priority before, during, and after implementation to ensure two-way communication and build trust. People have sources of truth to find current information on DHS web pages and can email the EVV team with questions in which they need answers. There are quarterly engagement sessions where people,

families, direct workers, providers, lead agencies and other community advocates can get updated information and ask questions of the EVV team.

What's next

We expect the publication of the compliance timeline and expectations will create another wave of concern. We are planning a multi-tiered compliance plan that will allow time for providers to get technical assistance and work towards full EVV use by their members and direct workers.

The EVV implementation effort will continue for approximately two to three more years to allow people to adjust and for EVV use to become routine.

Future enhancements will improve data integrity. The change from paper to electronic time documentation will eliminate paper timesheets, reduce billing errors billing, and provide downloadable data to enable payroll and billing.

Although we had to do this work to continue to receive federal matching funds for these services and avoid federal penalties, it was certainly worthy of the initial investment. The short-term goal is to get all providers integrated with the State EVV system, have their workers use it and get comfortable with the reports and advantages the EVV system will provide them in overseeing the services they are billing for.

The long-term investment will be even greater when we are able to pre-validate claims and avoid payment that are fraudulent. Currently the Office of Inspector General identified millions of dollars that should be recovered from payment of non-validated claims and a team of staff is working to recover those funds. If the EVV system pre-validates claims, those resources could be reallocated to more meaningful and impactful programs and services across the state.

Advancing Care Quality with Mobile EVV: A Person-Centered Approach