



Electronic Visit Verification Overview

December 17, 2015



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Agenda

- ⚡ Introductions
- ⚡ What is EVV?
- ⚡ Sandata Overview
- ⚡ Solution and Technology Overview
- ⚡ Questions and Answers
- ⚡ Wrap Up

Electronic Visit Verification (EVV): What is it?



Electronic Visit Verification validates care delivery by capturing visit information including date and time, member and caregiver ID, services provided, and member health status; ensuring the right care is delivered at the right time to the right person.

Focus on Home Care Services

- Home Health Aide
- Homemaker
- Chore
- Personal Assistance Attendant
- Private Duty Nursing
- Therapy Services
- Respite
- Care coordination
- Provider (Agency) Directed and Self-Directed Services

Electronic Visit Verification (EVV): What is it?



Providers insert scheduled visits into the system

- § Scheduler contains data on provider, caregiver, client and care plan
- § Adherence to service order is done at the point of scheduling, prior to the service being delivered

Care is delivered and the delivery of service is verified

- § When the caregiver arrives on site, they “check-in” via phone or other electronic means
- § When they leave, they “check-out” via the same means
- § The system more accurately captures visit start/stop and duration
- § Verification data is available and reportable in real-time before the claim is submitted

Scheduled visits are tracked

- § Missed or late scheduled visits create alerts to inform the provider and payer that the client was not served according to the care plan

Electronic Visit Verification (EVV): What is it?



The verified service automatically creates a claim

- 💡 A HIPAA compliant 837 claim is created that contains data tracked during the visit, ensuring Medicaid only pays for actual time spent on the service rendered to the client
- 💡 Claims for verified visits that align with the scope of the care plan are automatically submitted to MMIS without intervention by the provider
- 💡 Claims for unscheduled visits or those that fall outside of the scope of the care plan are held until the issue is resolved
- 💡 Claim is automatically released for billing once the issue is resolved
- 💡 Visits unable to be verified are prevented from being billed, this front end edit provides immediate savings

EVV Solution - Example

Caregivers are no longer able to pad their time and agencies are unable to bill for visits that did not occur

- ⚡ In this example, the visit is scheduled for a full hour, but the caregiver checks in at 10 minutes after the hour and checks out at 55 minutes after the hour
- ⚡ Rather than a standard rounded entry of 60 minutes, EVV tracks that only 45 minutes are spent on site and ensures only 3 units are billed
- ⚡ The result is program savings, reduced fraud, and understanding of services rendered



Manual Timesheet=60 min.

SPM EVV=45 min.

25%
Savings

Recent Fraud Cases in Alaska

Good Faith Services

- Billed for services that never occurred
 - Caretakers were billing for services when they were out of the country
 - Billing for patients who had died
- The operator and part-owner was sentenced to three years in prison for Medicaid fraud in December 2015
- Charges against 29 employees were filed in July 2014
- Fined \$300,000 and ordered to pay \$1.2 million in restitution
- Stripped of its authority to bill Medicaid

<http://www.adn.com/article/20151211/good-faith-services-owner-gets-3-years-medicaid-fraud>

EVV prevents services like these from being fraudulently billed and gives near real-time access into provider activity. This provides front-end fraud prevention as opposed to the typical pay and chase model.

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Sandata Mission and Vision



§ Maximize the value of every in-home encounter

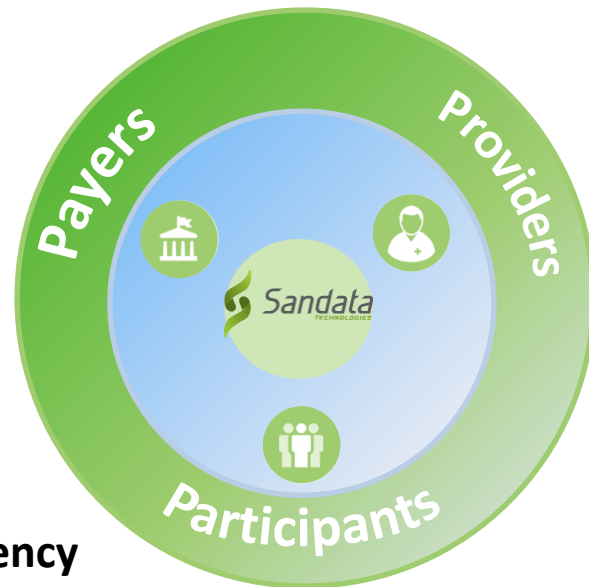
- Plan-of-care connection and verification
- Pre-emptive alerts for participant condition changes
- Fulfillment of “care alerts” or “gaps in care”
- Facilitate comprehensive care that includes personal and clinical services

§ Maximize efficiency of homecare providers

- All-payer, multi-state solution
- Efficient management of clinical/non-clinical services
- Reduce paper and administrative overhead
- Staff management and credentialing

§ Integrate providers and payers to drive network transparency

- Referral and authorization management
- Care-plan integration with primary care physicians or care coordinators
- Efficient financial transactions
- Support for network management and visibility
- Measure results and health outcomes



Sandata is uniquely positioned at the center of the homecare network

Sandata Highlights at a Glance



- 💡 **Home Care Focus:** Sandata is 100% focused on the Home Care industry, providing solutions at each stakeholder level (Payer, Provider, Participant)
- 💡 **Large, Growing Base of Payers and Providers:** 5 MCOs, 5 major Medicaid agencies, and 3,500 homecare agencies across the country
- 💡 **Market Leading Scale & Utilization:** 650K+ participants and 200K homecare visits managed each day
- 💡 **Experience and Accountability:** Extensive Payer (State and MCO) experience with proven results showing savings of 8% - 50%
- 💡 **Innovation:** Industry leading EVV technology processing more than 150 million visit verifications annually implemented using a flexible and modular solution
- 💡 **Scalable, Integrated SaaS Solution:** Integrated SaaS platform – agency management, payer management, point-of-care, and EVV – serving the entire post-acute continuum



Home Care Agencies



Daily Visits

Leading SaaS Provider to the Homecare Continuum

Payers / MCOs

- ✓ Reduce Fraud, Waste, and Abuse
- ✓ Provide Visibility into Homecare
- ✓ Reduce Costs
- ✓ Ensure Service Quality
- ✓ Deliver Analytics for Decision Making

Providers

- ✓ Reduce Missed Visits/Optimize Revenue
- ✓ Automate Processes
- ✓ Identify Gaps in Care
- ✓ Manage Compliance
- ✓ Leverage Single Platform

Participants

- ✓ Address Gaps in Care
- ✓ Increase Care Quality
- ✓ Improve Care Timeliness
- ✓ Enable Appointment Scheduling
- ✓ Participant Portal for Online Access

Payer / State Medicaid Agencies and MCOs



Provider / Homecare Agencies



Third Party Documented Payer Outcomes



Program	Miami-Dade County	Texas DADS	Tennessee	Oklahoma
Solution	SPM (EVV and SAM)	EVV	SPM (EVV and SAM)	SPM (EVV and SAM)
Launch	345 providers	900 providers	400 providers	100 providers
ROI	<p>\$19M savings (46%) for Miami-Dade County alone in Year 1</p> <p>\$3.5M savings (an additional 15%) for Miami-Dade County in Year 2</p>	<p>8% program savings</p> <p>5% decrease in hours delivered to authorized hours</p>	<p>97% of all scheduled in-home services were provided</p>	<p>8% decline in visits/mo</p>
Results	<p>Expanded statewide to the Private Duty Nursing and Personal Care Services Programs to more than 750 Providers</p>	<p>Expanding to statewide program – projecting \$27M in savings with statewide rollout</p>	<p>>99.75% of all scheduled in-home services were provided on time</p>	<p>Decrease in reimbursed units</p> <p>Decrease in per member per month cost</p> <p>Average 12-day decrease in lag time per claim payment per month</p>

“Since implementing the pilot projects in Miami-Dade, two large home health providers (each serving over 250 Medicaid recipients in the county, with annual reimbursement exceeding \$1 million) were terminated from participation in the Medicaid program and one provider was suspended from the program. “

- Agency for Health Care Administration in Florida

Examples of EVV State Legislation



Illinois

Added EVV as part of it's DHS Consumer directed plan under the SMART Act:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/0970689.pdf>

(g) For the Home Services Program operated by the Department of Human Services and the Community Care Program operated by the Department on Aging, the Department of Human Services, in cooperation with the Department on Aging, shall implement an electronic service verification based on global positioning systems or other cost-effective technology.

Florida

Added EVV initially as a pilot in Miami-Dade in 2009 (SB 1986) and expanded statewide in 2012 (HB 5031)

http://archive.flsenate.gov/cgi-bin/view_page.pl?Tab=session&Submenu=1&FT=D&File=sb1986er.html&Directory=session/2009/Senate/bills/billtext/html/

SB 1986 - Section 31. Pilot project to monitor home health services. The Agency for Health Care Administration shall develop and implement a home health agency monitoring pilot project in Miami-Dade County by January 1, 2010. The agency shall contract with a vendor to verify the utilization and delivery of home health services and provide an electronic billing interface for home health services. The contract must require the creation of a program to submit claims electronically for the delivery of home health services. The program must verify telephonically visits for the delivery of home health services using voice biometrics. The agency may seek amendments to the Medicaid state plan and waivers of federal laws, as necessary, to implement the pilot project. Notwithstanding s. 287.057(5)(f), Florida Statutes, the agency must award the contract through the competitive solicitation process. The agency shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives evaluating the pilot project by February 1, 2011.

<http://www.flsenate.gov/Session/Bill/2012/5301/BillText/Filed/PDF>

HB 5301 - 409.9132 Pilot project to monitor home health services.—The Agency for Health Care Administration may expand the home health agency monitoring pilot project in Miami-Dade County to include Broward, Escambia, Martin, and Palm Beach Counties, effective July 1, 2012. The agency shall contract with a vendor to verify the utilization and delivery of home health services and provide an electronic billing interface for home health services. The contract must require the creation of a program to 698 submit claims electronically for the delivery of home health services. The program must verify telephonically visits for the delivery of home health services using voice biometrics. The agency may seek amendments to the Medicaid state plan and waivers of federal laws, as necessary, to implement or expand the pilot project. Notwithstanding s. 287.057(3)(f), the agency must award the contract through the competitive solicitation process and may use the current contract to expand the home health agency monitoring pilot project to include additional counties as authorized under this section.

Examples of EVV State Legislation (cont.)



Texas

Added EVV as part of it's Department of Aging and Disability Service under SB7 (2011)

<https://legiscan.com/TX/text/SB7/id/339584>

SECTION 1.07. Subchapter D, Chapter 161, Human Resources Code, is amended by adding Section 161.086 to read as follows:

Sec. 161.086. ELECTRONIC VISIT VERIFICATION SYSTEM. If it is cost-effective, the department shall implement an electronic visit verification system under appropriate programs administered by the department under the Medicaid program that allows providers to electronically verify and document basic information relating to the delivery of services, including:

- (1) the provider's name;
- (2) the recipient's name;
- (3) the date and time the provider begins and ends the delivery of services; and
- (4) the location of service delivery.

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Integrated and Comprehensive Solutions



Jurisdictional View Quality Oversight and Management



Participants



Authorizations



Providers



- Supports provider agency business process needs
- Real time alerts for Late and Missed Visits
- Restricts Agencies from scheduling outside of authorization limits



- Telephony
- Mobile
- Fixed Visit Device



- All claims are validated in the system prior to direct submission
- Solely clean claims can be submitted
- 837 formatted to specifics



Santrax Electronic Visit Verification

- Santrax Electronic Visit Verification (EVV) optimizes clinical compliance and reduces fraud, waste, and abuse by enabling homecare agencies and payers to monitor homecare caregivers in real-time
- Multi-modal solution that leverages telephonic, fixed-device (FVV) and GPS enabled mobile (MVV) visit verification to monitor field activity and schedule compliance

Solution Benefits

Payer Benefits

- Ensures tight control over authorized services and service delivery
- Increases transparency into homecare provider network
- Reduces fraud, waste, and abuse

Provider Benefits

- Ensures clinical compliance
- Maximizes reimbursement by reducing missed and late visits
- Protects against allegations of fraud
- Improves caregiver accountability

Participant Benefits

- Increases care timeliness and quality by ensuring the right caregiver is delivering the right plan of care



Solution Functionality

- Multiple verification modalities
- Time and Attendance
- Configurable Alert
- Speaker Verification
- Plan-of-Care Prompting
- Task Entry

Santrax Agency Management

- Santrax Agency Management provides a platform for automating all clinical, financial, and operational elements of agency management, including scheduling, billing, and payroll
- Santrax Agency management is fully integrated with Santrax EVV, enabling agencies to automatically access real-time visit data

Solution Benefits

Payer Benefits

- Ensures compliance via no show alerts
- Claim validation ensures only verified visits are sent to adjudication vendor
- Improves communication with provider and increases transparency

Provider Benefits

- Maximizes productivity and efficiency
- Increases cash flow through billing automation
- Preserves revenue through reduced missed and late visits

Participant Benefits

- Ensures necessary care occurs and improves care timeliness



Solution Functionality

- Participant & Staff Management
- Compliance Tracking and Documentation
- Advanced Scheduling
- Electronic Billing and Accounts Receivable
- Electronic Health Records
- Analytics

Santrax Participant Portal

- Santrax Participant Portal is an ADA 508 Compliant web portal that allows participants to manage home care delivery, utilization, and payroll for consumer directed care programs
- Santrax Participant Portal is fully integrated with Santrax EVV, enabling participants to automatically access real-time visit data

Solution Benefits

Payer Benefits

- Provides visibility to consumer directed care programs
- Increases transparency into homecare provider network
- Reduces fraud, waste, and abuse

Participant Benefits

- Empowers participants to effectively manage care delivery, budgets, and employee payroll
- Automates the paper timesheet process



Solution Functionality

- ADA 508 Compliant
- Consumer Directed Programs
- Review and Approve Visits
- View Authorized Services
- Payroll Integration

Santrax Payer Management

- Santrax Payer Management (SPM) provides homecare payers with near real-time visibility and a jurisdictional view into the operations of their provider networks
- SPM enables payers to audit agency business practices to deliver more cost-effective, efficacious care

Solution Benefits

Payer Benefits

- Improves provider accountability and quality of service delivered in the home
- Streamlines claims management and services authorization
- Ensures tight control over authorized services
- Enhances transparency into provider network
- Reduces incidence of inappropriately billed services
- Decreases fraud, waste, and abuse

Provider Benefits

- Improves communication with payer

Participant Benefits

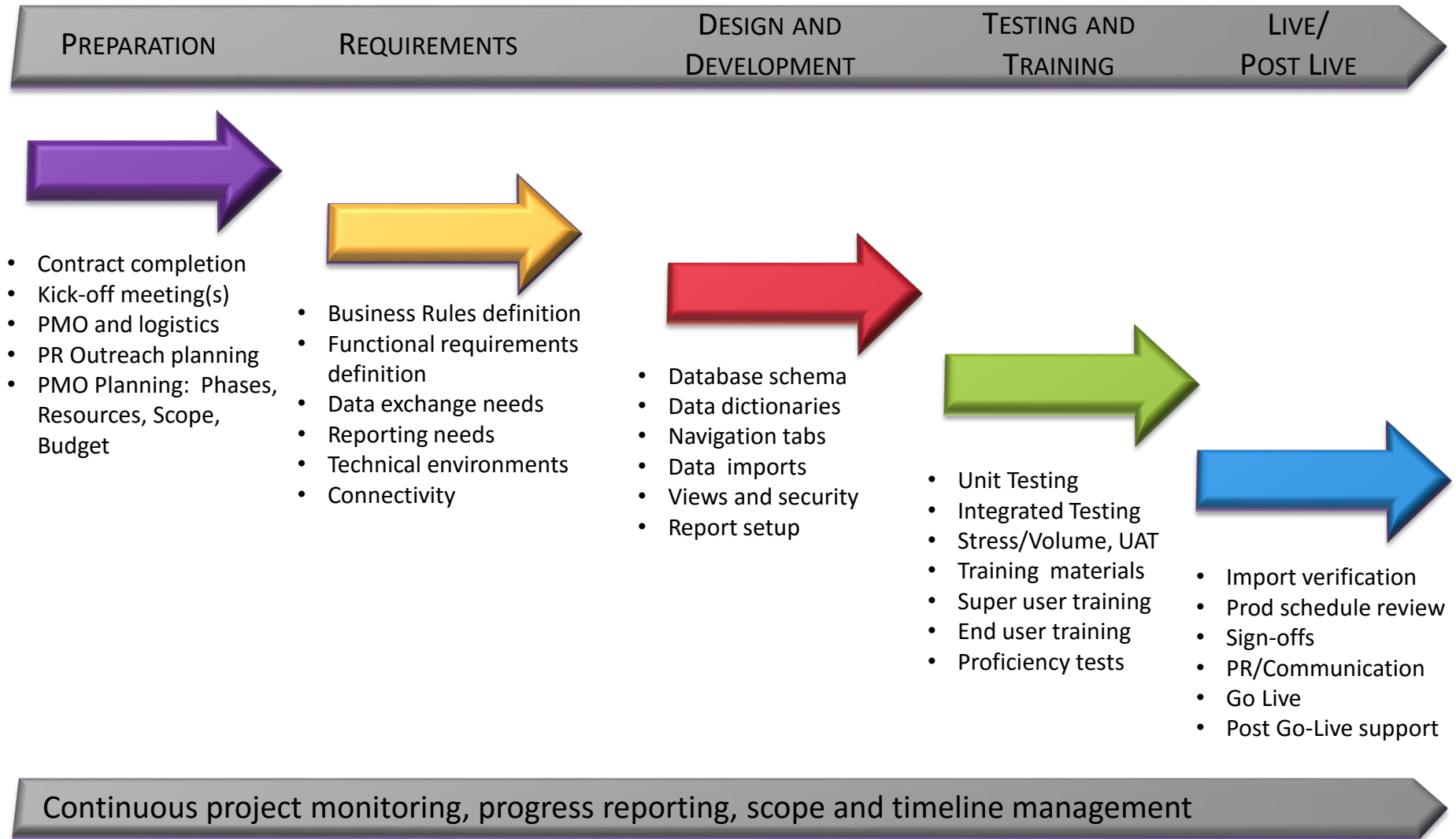
- Improves care quality and timeliness



Solution Functionality

- Alerts
- Analytics
- Visit Verification
- Auditing
- Claims Processing

Implementation Process



EVV: Value to Alaska



**RIGHT
MEMBER**



**RIGHT
LOCATION**



**RIGHT
TIME**



**RIGHT
CAREGIVER**



**RIGHT
PLAN OF CARE**

The Sandata Solution:

- **Validates Visits** - at the point of care to guard against allegations of Fraud and Abuse
- **Improves Service Accuracy** - accurate service of the participants and alerts provider and payer when visits were missed, late, or cut short.
- **Ensures Billing Accuracy** - Pre-submission validation and electronic transmission for adjudication that ensures claims Medicaid receives are clean
- **Provides Service Data Visibility** – Both real-time and retrospective analytics across all providers to track performance and improve quality – ***Provides Pre-Claim Data***

The Sandata Solution Benefits:

- **Reduce Fraud, Waste and Abuse** – 10-25% reduction in claims cost
- **Improvement of Quality** – ensure accurate service of the participants
- **Improve Program Efficiency** – Complete automation of process from scheduling to adjudication. Automated integration and billing prevents user errors that lead to audits.
- **Increase Visibility** – Utilization management, Score carding, benchmarking and real time analytics

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