Celayix

EVV & How It Will Impact the Home Health Care Industry

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ABSTRACT

The Electronic Visit Verification (EVV) programme is part of the United States' 21st Century Cures Act, which was passed into law in 2016. It mandates that state agencies develop an EVV system for their services. This applies to personal care and home health care services that are supplied and reimbursed by Medicaid. By January 1st, 2023, all states must demand EVV from all home healthcare service providers, according to the regulation. The Home Health care industry particularly was deeply impacted by the COVID-19 pandemic in the United States. As a result, this eBook will look at the importance and implications that EVV will have on the home health care industry in the United States.

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Current State of the Home Health Care Industry

Home health care refers to a variety of medical treatments that can be provided in the comfort of your own home to treat a sickness or injury. In most cases, home health care is less costly, more convenient, and equally as effective as care received in a hospital or skilled nursing facility (SNF).

The services provided by the home health care industry include:

- Wound care for pressure sores or a surgical wound
- Patient and caregiver education
- Intravenous or nutrition therapy
- Injections
- Monitoring serious illness and unstable health status

The ultimate goal for the industry is to provide labor services to treat an illness or injury. The benefits associated with these services include giving the ability to patients to regain their confidence while also having physical and mental support during their recovery.

EXPECTATIONS FROM HOME HEALTH CARE SERVICES

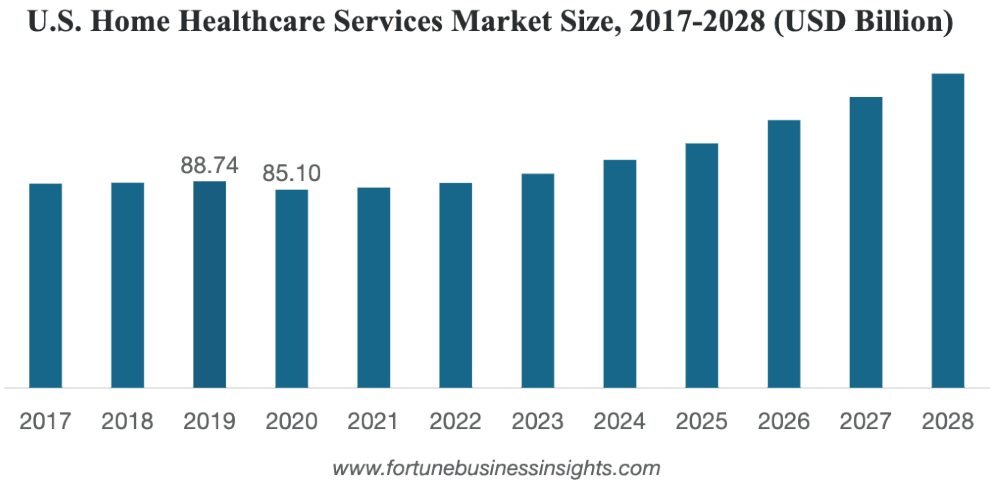
The majority of the assistance in health care services is non-medical and focuses on Activities of Daily Living (ADL) such as dressing, grooming, light cleaning, food preparation, and companionship. As a result, there are certain expectations/guidelines required of home health care, based on the Doctor's order or recommendations.

The procedure in getting home health care service usually starts from a doctor's reference, followed by an appointment with a home health care agency. The agency, the doctor, and the patient are required to communicate constantly regarding the health progress and the care that's required. Subsequently, once the agency starts providing these services, it's important that the home health care staff meet with the patient as often as the doctor prescribes. Some of the other expectations required to be fulfilled with these services include:

- Keep a close eye on what the patient is eating and drinking.
- Evaluate whether that blood pressure, temperature, heart rate, and respiration are all within normal limits.
- Make sure that the patient is taking their prescription, additional medications, and therapies as directed.
- Evaluate and manage patient pain
- Examine the patient's home security.
- Teach the patient how to look after themselves so that they may look after themselves.
- Organize medical treatment. This means they must contact the patient, their doctor, and anybody else who is responsible for their care on a frequent basis.

SIZE OF THE HOME HEALTH CARE MARKET

The home healthcare market is one of the largest industries in the United States. The market was worth USD 85.10 billion in 2020. Despite the negative unprecedented impact of the COVID-19 pandemic, this market is expected to grow from 90.12 billion in 2021 to USD 146.61 billion in 2028. It is forecasted to grow at a Compound Annual Growth Rate of 7.2% during this period.

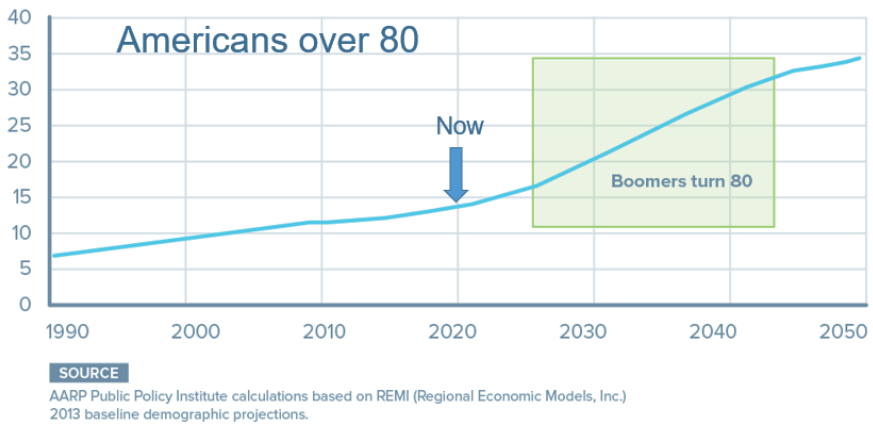


Based on the report made by 'Fortune: Business Insights', there is an expected increase in demand for home health care services due to a variety of reasons. However, the reports also provide key factors that can hinder this growth, mainly as a result of the Pandemic. Nonetheless, let's look at key aspects which can affect the future growth of the Home Health Care Industry.

1. AGEING POPULATION

The aging of the U.S population is the major factor resulting in the growth of this industry. The major target market for this industry are older adults that rely on home health services. As older adults are the fastest-growing segment of the population currently in the United States, it's expected for the demand for these services to rise as life expectancy rises.

According to the National Center for Health Statistics (2005), the number of people aged 65 and above increased twice as fast as the entire resident population of the United States. It grew from 12 to 36 million people, between 1950 and 2004. The population of those aged 75 and over increased nearly three times as fast as the overall population. That grew from 4 to 18 million people. According to projections, the pace of population increase for older age groups will continue to be more than twice as fast as the overall population from now until 2050. In the United States, life expectancy at birth has climbed from 48 to 75 years for males and 51 to 80 years for women during the last century. With higher life expectancy comes a longer span of time during which people are vulnerable to age-related health deterioration.



The healthcare system is and will be severely impacted by the expanding older adult population. Treatment and management of chronic and acute health disorders, particularly those associated with aging, such as hypertension, arthritis, heart disease, cancer, diabetes, and stroke, would necessitate more of such services. Most symptoms of these age-related health issues can be managed and treated with the help of home health care.

2. AT HOME HEALTH CARE SERVICES VERSUS HOSPITAL HEALTHCARE SERVICES

A study done by (Mitzner et al., 2009) discusses various benefits that home health care offers over hospital-based health care. Yes, hospital health care services have their own pros. However, there has been a substantial shift towards home health care for the following reasons:

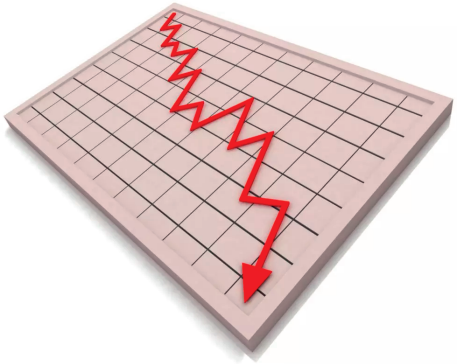
Recovery

Most seniors will recover much more quickly if they are allowed to stay in their homes as much as possible. Whether the senior family member is recovering from a recent operation or psychological trauma, living at home with unrestricted access to loved ones gives the best chance for a full recovery. Because nursing homes can have rigorous routines and procedures, remaining at home gives both the senior and the caregiver a lot more freedom. As a consequence, everyone will be less worried! After all, no one likes being told when or how many times they may visit.

Economical

It goes without saying that providing care at home is far less expensive than paying for full-time housing and boarding in a nursing home or assisted living facility. There are many amazing choices for home health care available today, allowing your senior loved ones to get exceptional care just when they require it. In these situations, a family member normally assists with everyday chores and responsibilities, while the home health care nurse can assist with medication administration, bathing, and any treatment that may be required. When all expenditures are considered, home health care is frequently the most cost-effective option. When seniors are cared for at home rather than at a hospital, they can save up to 70%.

Looking at it on a national scale, the adoption of home health care services leads to Overall Reduced Expenditure for the United States. The report shared by the Centers for Medicare and Medicaid services shared that the national health expenditure grew by 4.2% in 2019, and accounts for 17.7% of Gross Domestic Product. It also stated that hospital expenditures grew by 6.2% to become a 1.192 trillion industry. Consequently, in a country where the need for health care is significantly increasing, particularly for the demand for respiratory and infusion therapy services, home healthcare provides an alternative way to substantially reduce treatment costs. Subsequently, the economical benefits associated are likely to lead to anticipated market growth in the U.S home healthcare services during the forecasted period (2022-2028).



Latest Medical Technology

Medical technology has advanced at a breakneck pace in our day and age. As technology advances, more patients will be able to get some therapies at home rather than in the hospital. A pleasant environment always aids in the healing process.

Should there be any operations that require the assistance of a trained health care professional but can typically be completed at home? Dressing changes on wounds, sanitation and personal care, assistance with healthy eating, and the administration of drugs that would typically need the patient to be in a professional environment are all examples of this. Latest medical research has also suggested that home health care services may lower the risk of nosocomial infections or healthcare-associated infections (HAI), which are particularly dangerous for the elderly.

More Freedom

This may seem self-evident, but seniors who stay in their own homes rather than being hospitalized have significantly more flexibility and independence. They have the freedom to see friends and relatives as often as they want, whenever they want. They may eat on their own time and maintain a feeling of normalcy that suits them.

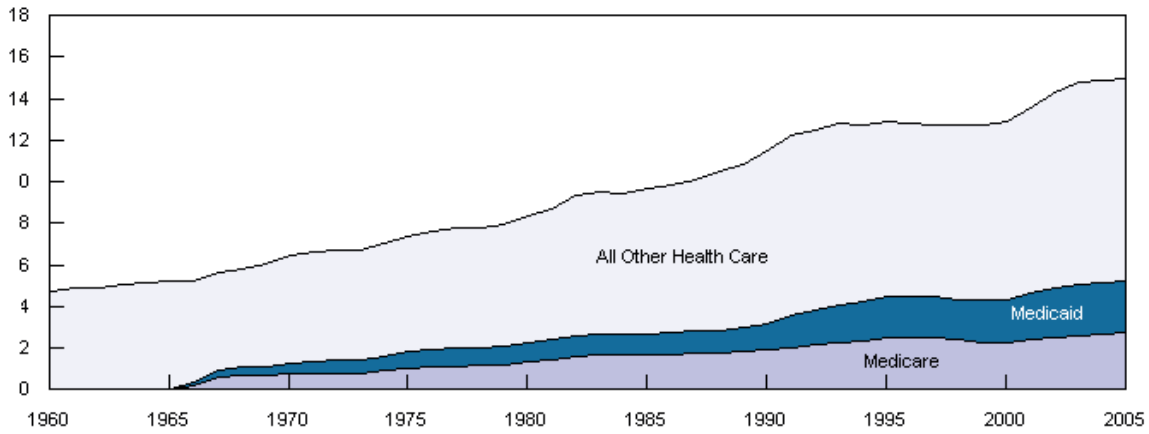
The results from the earlier study also mentioned that in a survey conducted by the American Association of Retired People, the majority of older individuals prefer to live in their own homes for as long as possible.

3. PANDEMIC'S IMPACT ON THE NUMBER OF ELECTIVE SURGERIES IN THE U.S

Elective surgeries are surgeries that are scheduled in advance because it does not involve a medical emergency. Such surgeries, however, often require home care services post discharges. Several major home health care companies rely on elective surgeries for their revenue. Consequently, the outbreak of the Covid pandemic has resulted in postponed elective surgeries across the U.S, resulting in a sudden drop in the market.

Role of Medicare and Medicaid Programs

In the Home Healthcare Industry, Medicare and Medicaid are the 2 most common government-run healthcare programs that provide healthcare financial assistance. Medicare is a federal program that provides health coverage to people that are above 65 or under 65 and have a disability. On the other hand, Medicaid is a state and federal program that provides health coverage to people below a certain income. Through these programs, the government offers eligible residents with health insurance, hence reducing their expenditures. Moreover, it is possible for U.S residents to be eligible for both programs.



It is important to highlight that there are certain differences between the 2 programs and they play a crucial role in covering different home care expenses. The figure above shows the increasing proportion of U.S GDP spent on health care, specifically focusing on the relevance of Medicaid and Medicare since 1960.

Under current government legislation, there is a different role that Medicare and Medicaid programs play. Let's focus on each program individually.

MEDICARE

Medicare is a healthcare insurance plan. Medical costs are reimbursed out of trust funds that persons who are covered have contributed to. It generally supports those over the age of 65, regardless of their income, as well as younger handicapped people and dialysis patients. Patients pay a portion of hospital and other costs through deductibles. Non-hospital coverage requires only a little monthly cost. Medicare is a government-funded program. It is administered by the Centers for Medicare & Medicaid Services, a federal agency, and is essentially the same throughout the United States.

Essentially, Medicare covers some home care expenses. The medical care services include:

- Skilled nursing care (part-time or intermittent)
- Occupational therapy
- Physical therapy
- Home health aide care (part-time or intermittent)
- Speech-language pathology services
- Medical social services
- Certain injectable osteoporosis medications

However, Medicare currently does not cover:

- Personal care
- Meal delivery
- Auxiliary care
- Home care services that are needed 24 hours per day.

Medicare contains 3 different plans (A, B, and C) and hence cover different or additional medical services. To be eligible for Medicare, there are some requirements that are needed to be met:

- A doctor's note stating that you require home health care services is required.
- You must have a doctor's note stating that you are home-bound.
- Your doctor will evaluate your written plan of treatment on a regular basis.
- A Medicare-certified home health agency provides care.

To get additional information regarding the costs and medical coverages, the website http://www.medicare.gov provides any necessary information.

MEDICAID

Medicaid is a government-funded assistance program. It caters to low-income persons of all ages. In most cases, patients are not responsible for any of the expenditures associated with reimbursed medical bills. Occasionally, a minor co-payment is required. Medicaid is a joint federal-state initiative. It differs from one state to the next. It is administered by state and municipal governments in accordance with federal principles. As a result, whether home care services are covered and what qualifying standards you must complete are determined by your state. In general, if you qualify for Medicaid in your state, you may anticipate some amount of home care to be reimbursed.

Currently, Medicaid plays a much larger role in the home health care industry than Medicare for various reasons. It plays a central role in the USA's health care system as it is the primary public health insurance program for people with low income.

- Medicaid covers 1 in 5 Americans, including many with complex and costly needs for care
- It assists almost 10 million Medicare Beneficiaries
- Medicaid provides more than 50% of U.S.A's Long Term Care Financing
- Medicaid Beneficiaries have increased from under 20 million in 1972 to more than 90 million now.
- It covers a broad range of health and long-term care services.

Specifically, Medicaid's benefits reflect the needs of the population it serves.

Low Income Families	• Pregnant Women: Prenatal care and delivery costs • Children: Routine and specialized care for childhood development (immunizations, dental, vision, speech therapy) • Families: Affordable coverage to prepare for the unexpected (emergency dental, hospitalizations, antibiotics)
Individuals with Disabilities	• Child with Autism: In-home therapy, speech/occupational therapy • Cerebral Palsy: Assistance to gain independence (personal care, case management and assistive technology) • HIVIAIDS: Physician services, prescription drugs • Mental Illness: Prescription drugs, physicians services
Elderly Individuals	• Medicare beneficiary: help paying for Medicare premiums and cost sharing • Community Waiver Participant: community based care and personal care • Nursing Home Resident: care paid by Medicaid since Medicare does not cover institutional care

KFF, Kaiser Family Foundation, is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. As per their analysis, over two-thirds of all Medicaid beneficiaries receive their care in comprehensive risk-based Managed Care Organizations(MCO).

PROBLEMS WITH MEDICAID AND MEDICARE

Despite the benefits that these 2 government-funded assistance programs provide, the home health care industry is prone to fraudulent activity. Health care fraud is an imminent issue facing this industry, and Medicaid and Medicare are such programs that can be manipulated due to lack of monitoring. Currently, fewer than 4% of Medicare claims are audited.

Health insurance fraud, prescription fraud, and medical fraud are all examples of health care fraud. When a firm or an individual defrauds an insurer or a government health-care program, such as Medicare in the United States or analogous State systems, it is known as health insurance fraud. The methods used vary, and those who commit fraud are continually looking for new ways to get around the law.

As mentioned earlier, the Medicare beneficiary population has been growing fast and faster than the U.S.A's GDP. However, the situation is exacerbated by the fact that the Medicare beneficiary population is expanding faster than the general population, and will do so indefinitely — and at a high rate over the next quarter-century or more. The problem, according to most experts, is Medicare's "fee-for-service" paradigm, which may be described as "the more services, the more fees." Under that basic principle, physicians and hospitals are compelled to do whatever may be justified as beneficial to each patient, and then send a charge to the US taxpayer. This way, there is a likelihood of over-treatment taking place.

The alternative method is to provide doctors and other facilities with fixed contracts, where the insurance companies ask them to provide whatever services an enrollee needs for whatever conditions arise. Here, the professionals are paid a fixed salary, and hence have no economic incentive to load on additional services that might actually benefit the patient. As a result, this method would lead to under-treatment. This can have detrimental effects such as poor patient care for vulnerable groups who cannot advocate for themselves. Currently, Medicare and Medicaid programs follow the former model, simply because under-treatment is potentially much worse than over-treatment.

What is EVV?

Electronic visit verification (EVV) is a system for confirming home healthcare visits to ensure that patients are not forgotten and to limit the number of visits that are erroneously recorded. Home care organizations that provide personal care services must have an EVV solution in place by January 1, 2020, or risk having their Medicaid claims denied, according to a requirement contained in the 21st Century Cures Act. Under the mandate, all states must require EVV from all home healthcare service providers by January 1st, 2023.

EVV is specifically implemented for Home Health Care and not for Hospital care. This is because managing and monitoring a home care business with paper timesheets is a very difficult and lengthy process. The majority of electronic visit verification is done with the use of GPS tracking and computer software. It might also entail the usage of phone-based technologies that allow healthcare staff to call in from different locations. Nurses' locations can be tracked using GPS, or a "check-in" system can be utilized to require healthcare personnel to clock in while making a home visit.

Employers utilize EVV to keep track of their employees and decide their pay. Electronic visit verification software connects with payroll systems, allowing employers to double-check their nurses' compensation. To handle scheduling, invoicing, payroll, communication, and patient recording, many EVV software vendors such as Celayix use a cloud-based system that interfaces with a mobile app. Nurses may use the system to update patient data while simultaneously reporting their working hours to their employers.

WHAT DATA DOES EVV CAPTURE?

Given EVV's objectives, a significant amount of data would be necessary to meet these objectives. For all home visits, EVV mandates that the healthcare professional electronically collects the following information:

Essentially, EVV can be considered a better alternative to timesheets. In most cases, a signature or voice verification from the individual receiving the services can also be captured. EVV's aims are to provide timely service delivery for members, including real-time service gap reporting and monitoring, decrease the administrative load of paper timesheet processing, and save money by preventing fraud, waste, and abuse.

How is EVV Mandated?

It's vital to remember that EVV is a state-by-state requirement. There are now five types of models in use, and home care providers must follow the criteria given out by their individual states.

States must choose between these models based on a variety of considerations, including the ease with which information may be shared. While provider and managed care plan choice models provide providers and MCOs greater flexibility, they also require data from many systems to be aggregated into a common format. States that want to avoid collecting data from several systems may opt for a state-mandated in-house system, although establishing an in-house system may put the state under more administrative strain.

1. The Provider Choice Model

Providers choose their EVV vendor and self-fund EVV installation under this scenario. States establish regulations and standards for EVV providers, including requirements for particular data gathering. States that use this approach may or may not publish a list of EVV providers that have been approved. This paradigm may be technologically or financially challenging for single or small provider agencies. States can ease the financial strain on providers by factoring in expenditures connected with the procurement of EVV devices and/or equipment when determining the rate charged for providing services. The state may have little or no involvement in the selection of the provider's EVV vendor in the provider choice model, aside from setting standards for EVV systems in general, which may complicate a state's access to EVV data and its ability to report and link EVV data to claims, care plan authorizations, and the Medicaid Management Information System (MMIS).

States that currently use this model include:

- New York
- Utah
- Virginia
- Washington

2. The Managed Care Organization (MCO) Choice Model

This is similar to the provider choice approach, however, MCOs choose and fund their EVV vendor solution rather than providers. The state must mention estimated costs since the MCO would be required to contract with an EVV vendor. These costs must be related to contracting with the vendor while being within the MCOs' capitation rates in order for the rates to be actuarially sound. The state's basic criteria, as well as specifics concerning particular data collection from the MCO, must be included in the contract with the MCO for EVV vendor selection.

Providers may face the most pressure in this paradigm, especially if states have several MCOs, because they may have to train on and utilize many EVV systems, adopt various types of technology, and negotiate multiple vendor helplines. Integration of numerous EVV systems with payroll and scheduling systems may provide additional issues for providers. As a result of these factors, providers' administrative costs may increase.

States that currently use this model include:

- Iowa
- Tennessee

3. The State-Mandated External Vendor Model

This model states a contract with a single EVV vendor to implement a single EVV solution. All MCOs (if applicable), providers, consumers, and their families must utilize the system to document services, according to the law. Because only one vendor is used, this architecture ensures state uniformity and access to all data. The state has a direct role in the EVV program's management and monitoring, which should encourage EVV compliance. Furthermore, the state may save money by not having to establish an EVV system.

States have administrative challenges in selecting and contracting with an EVV provider, as well as costs connected with system management. Individuals, their families, and providers must receive all education and training on EVV operations, including technical instruction on how to utilize the system, from the state and/or its EVV vendor and/or any outsourced contractor.

States that currently use this model include:

- Connecticut
- Illinois
- Kansas
- Nevada
- New Mexico
- Oklahoma
- South Dakota
- Texas
- Wyoming

4. The State-Mandated In-House System Model

Each state designs, runs, and controls its own EVV system in this scenario. This methodology allows the state to standardize and access data without having to combine data from several external EVV systems. Because each handles its own EVV system, the administrative load on the state is larger than in other models. Furthermore, even if the state outsources training, the state is responsible for the development and dissemination of training. This must be provided to state employees, providers, persons, and their families, including technical training on how to utilize the system.

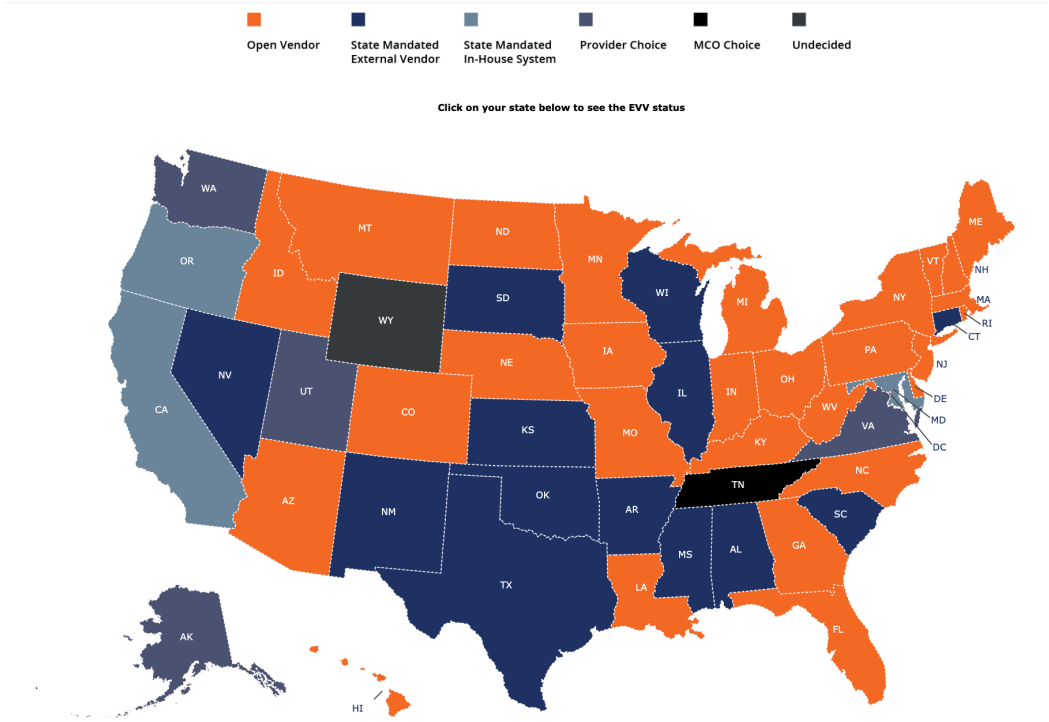
States that currently use this model include:

- California
- Maryland
- Mississippi
- New Jersey
- Oregon
- South Carolina

5. Open Vendor Model

This is a hybrid arrangement in which the state employs at least one EVV vendor. Alternatively, they can run their own EVV system while enabling providers and MCOs to continue using their existing EVV systems. This implies that providers and MCOs can choose to adopt the state's system or stick with their own. States are in charge of developing and implementing rules and procedures for the EVV programme, as well as maintaining oversight. The open vendor approach gives providers and MCOs that already have EVV technology the freedom to keep using it. The state will, however, demand some level of integration across EVV systems in order to comply.

Some states that use the open vendor model have a preferred list of EVV providers. States can use an "open model," where a system collects data from the state-contracted vendor as well as third-party providers. States must build a data aggregation system and describe the data to be collected from providers and MCOs. This is similar to the provider and MCO-based models. Each EVV system would then provide standardized data to the state, with the flexibility to be built in accordance with the basic set of standards outlined in section 1903(l) as well as any additional requirements determined by the state.



All remaining states except Montana currently use this model. The Montana State Government is expected to begin its EVV Solution Implementation plan by Mid 2022.

Okay, so now we know how EVV works. Next, we will focus on the impact that EVV might have on patients as well as on Home Healthcare Agencies.

Impact of EVV on Patients

Today's health-care environment is primarily concerned with the patient's experience and requirements. That is one of the reasons why EVV is so crucial. Technology installation and change management are both required for EVV preparation. However, while providers work through this process and assist their carers in becoming used to their new responsibilities, it's important to remember why they're doing it and why it matters: EVV aids in providing patients with the best possible treatment. How so?

A PATIENT-CENTRIC APPROACH

The human factor at play is commonly overlooked in discussions regarding EVV. The law is about technology, yes. However, the rationale behind it is to guarantee that patients receive all of the treatments to which they are entitled. Electronic verification of visits ensures that the caregiver arrived safely at the appointment to offer care. It also aids the agency's response time if a caregiver is late in responding to a circumstance where a patient may want further assistance.

Let's imagine a caregiver is unable to work a shift. This might be due to illness, or because they are on a visit with another patient that is running late. If a client requires a change of caregiver, care tasks are recorded and stored, ensuring that care is provided consistently from one caregiver to the next. Furthermore, any changes in condition can be logged so that people who assist in the oversight of services are aware of the situation. Then, they can deploy additional support as needed. With the built-in communication that EVV provides, a replacement caregiver may be identified and offered.

A CAREGIVER-CENTRIC APPROACH: IMPROVE ACCOUNTABILITY OF CAREGIVERS

EVV is beneficial to the caregiver in addition to increasing patient care. It assists workers in connecting with their agency, facilitating real-time communication, and ensuring caregiver safety. An agency's capacity to keep caregivers safe, engaged, productive, and happy is critical. EVV specifically assists carers in two key ways:

- ***Personal safety:*** EVV technology can employ a GPS system to assist a caregiver in getting to a new residence and can track when the caregiver leaves and comes. Having a mobile application tool allows caretakers to communicate with their agency's headquarters instantly.
- ***Job engagement and satisfaction:*** EVV reduces the amount of time a caregiver spends on administrative tasks, allowing them to spend more time with the patient. It keeps track of each caregiver's work, allowing agency supervisors to see how effective they are right away. The EVV platform ensures that the patient is still in excellent hands if a caregiver is unable to visit.

IMPROVE AGENCY ORGANIZATION

What's great about EVV is how its benefits extend throughout the whole care continuum – what's good for the patient is good for the caregiver, and what's good for the caregiver is amazing for the agency. The end result is excellent treatment that is given on schedule.

EVV allows caregivers and agency administrators to spend less time inputting data. Claims are reimbursed faster because data emerges automatically. As a result, caregivers get paid more swiftly and correctly. They'll be able to focus on the vital things.

The more time caregivers can devote to their patients, the better for both the patient and the caregiver. Having an app on their phone that is simple to use and can rapidly gather information allows them to spend less time filling out paperwork and more time connecting with patients.

Impact of EVV on Home Health Care Agencies

Besides improving agency organization, EVV can have great positive implications not just for the patients, but for Home Healthcare Agencies too. While it's easy to focus on the negative aspects of new government laws, the patients will eventually gain from enhanced accountability. Increased connection, general efficiency, and fewer paperwork will all help caregivers. Let's have a look at the potential benefits of EVV for HCAs.

GOVERNMENT COMPLIANCE

Compliance with government mandates, such as EVV, is obviously critical. To begin with, compliance is required in order to participate in government healthcare programmes such as Medicaid and Medicare. Failure to follow government regulations might lead to your firm being shut down rapidly, which is the last thing you want. When you use EVV software, you can be certain that you are fully compliant and can continue to deliver excellent patient care.

ELIMINATE MISSED VISITS, LATE STARTS, AND TIME THEFT

The time a visit begins and finishes is one of the most important data elements for EVV. Caregivers are far less likely to miss or arrive late to their shifts when they are required to document their visits in this manner. In addition, EVV will prohibit caregivers from manipulating timesheets or claiming payment for visits they never made. While some employers are unaware of the magnitude of the problem for home healthcare providers, the National Health Care Anti-Fraud Association estimates that health care fraud costs the United States roughly $68 billion each year. Although home healthcare providers disagree on whether EVV will benefit or hurt the business, the potential savings to the economy and individual organizations cannot be overlooked.

IMPROVE CONNECTIVITY & COMMUNICATION

Employers may connect and interact with their caregivers in the field using EVV. HCAs can do more than merely satisfy the EVV criteria by employing the cellphones of field employees. Due to GPS check-ins, employers will have real-time access to know where all of their employees are. They'll also be able to see all electronic signatures, ensuring that all of the required duties are accomplished. Not only that, but most EVV systems enable businesses to securely connect with caregivers without having to use the phone. One of the most critical aspects of every organization is communication, and EVV can help HCAs enhance theirs.

EVV also provides employers with comprehensive documentation of a client's point-of-care visit, including tasks accomplished, comments, and evaluations. It has the ability to deliver optimum driving instructions with exact mileage based on GPS. It also allows the team to track non-client activities such as out-of-home visits, excursions to care-related institutions, trips to the agency, and other non-client activities.

IMPROVE PATIENT CARE AND CLIENT SATISFACTION

It's easy to lose sight of their fundamental goal, which is to care for patients, when they're preoccupied with bureaucratic matters like regulatory compliance and scheduling. Any HCA's mission statement will almost always center on assisting people in their care and improving their quality of life. The myriad of secondary worries that stymie HCAs may be put to rest when they choose an adjustable EVV system. It allows for the provision of exceptional service to happy customers. Making the most of your EVV system may become a terrific advertisement for your HCA if it is utilized well, since patient care increases dramatically.

How will EVV influence the Future of Home Health Care?

There have been some critical remarks regarding EVV, specifically a report written by graduate students working for the University of California San Francisco (UCSF) Health Workforce Research Center on Long-Term Care. The report titled 'Impact of Electronic Visit Verification (EVV) on Personal Care Services Workers and Consumers in the United States' was published on 22nd July 2021. This study looked at whether EVV was a barrier, a facilitator, or a promising practice for handicapped people receiving Medicaid PCS in representative states in terms of promoting and expanding choice, control, community living, and participation. Interviews with Personal Care Services (PCS) personnel and consumers revealed seven primary topics connected to EVV use in the study.

REDUCED QUALITY & QUANTITY OF SERVICES

Consumer choice and control were limited by EVV, which required pre-approved login and logout locations and prevented personnel from assisting consumers with time-sensitive requirements at the start of shifts, such as visiting the toilet.

EVV also reduced the amount of time available for services to be offered since personnel spent extra time at the start and end of their shifts making sure they satisfied EVV criteria.

TECHNICAL & OPERATIONAL PROBLEMS

Technical concerns with the EVV, such as network issues and incorrectly recorded login and logout times, were a hindrance to timely worker payment. Although staff were officially responsible for correcting the errors, consumers were also impacted. Fixing EVV problems was sometimes hard and time-consuming, and some personnel relied on consumers for assistance. Customers and employees felt compelled to decrease user mistakes as much as possible to avoid frustrations with and time spent addressing either system or user faults, which resulted in workers and consumers feeling rushed and concerned about logging in and out at a specific time.

PRIVACY CONCERNS

When some parts of EVV systems, such as the global positioning system (GPS), were activated, and when Social Security numbers were required for consumer identification, consumer and worker privacy was compromised. This is where the importance of vendor choice comes into play, ensuring the privacy of both patients and carers is maintained.

WORKER COMPENSATION CONCERNS

Due to EVV system issues, PCS employees did not always get accurate or timely payments for the hours they worked. Pay checks that were incorrect or arrived late were especially frustrating for PCS employees, whose salary was already low.

WORKER RECRUITMENT & RETENTION CONCERNS

Many customers believed that worker concerns with obtaining adequate payment as a result of EVV failure functioned as a deterrent to workers joining or remaining in the PCS workforce.

PERCEIVED BENEFITS

The usefulness of EVV to prevent fraud by motivating staff to arrive on time was identified, particularly for senior customers with cognitive difficulties. In comparison to paper time sheets, the system generated more accurate and secure records when it was running properly.

USER RECOMMENDATIONS

EVV could be improved in a number of ways, including extending the grace period for logging in and out; allowing PCS workers to remain logged in when accompanying consumers to medical appointments and community activities; making it easier to correct user errors (such as incorrectly typing ID numbers); removing GPS capabilities; and improving voice verification capabilities.

The report concluded by saying:

Congress included EVV for Medicaid-funded PCS and HHCS in the 21st Century CURES Act of 2016 as a response to reported fraud, waste, and abuse in the system. As states rolled out EVV, disability advocacy and rights groups, worker unions, and people with disabilities who use PCS expressed concern that EVV could disrupt daily routines and worker-consumer communications and reduce workers' available time to provide needed care. The majority of interviewees reported a range of difficulties and negative repercussions related to the use of EVV. Interviewees presented numerous examples of the challenges they repeatedly encountered to meet the demands of the systems in use in their states and their efforts to manage the perceived intrusiveness of EVV.

Some interviewees thought EVV was useful for worker accountability, especially when older people with cognitive limitations could not monitor their workers effectively. Although consumers and workers acknowledged that EVV will likely continue to be required going forward, the 21st Century CURES Act and CMS guidance governing EVV use could be revised to resolve some of the more persistent problems identified in this report, such as increasing EVV system flexibility, improving system reliability, removing or deactivating GPS tracking capabilities, and discontinuing use of Social Security numbers as identification.

Clearly, EVV currently is far from perfect at the moment. Looking ahead, as states implement EVV, we expect to learn how these systems are affecting care and program integrity. Medicaid programmes and oversight agencies such as the Office of Inspector General of the United States Department of Health and Human Services and state MFCUs will be able to analyze the extent to which EVV deployment lowers PCS fraud over time. Over a 10-year period, the Congressional Budget Office (CBO) believes that EVV deployment will save $290 million. CBO predicted that, on average, EVV implementation would result in a 1% reduction in PCS and home health payments across all states, with some states achieving significantly higher savings than the average and others achieving little to no savings, in its score of an earlier bill containing the same EVV requirements as the Cures Act.

States and vendors in states that started using EVV before the Cures Act have predicted some early cost reductions. The Texas Health and Human Services Commission, for example, predicted savings of 3 to 5% as a result of EVV deployment. The EVV provider in South Carolina predicted an initial savings of 10% of what was invoiced through the system, as well as continuous reductions of 6 to 7%. These savings came from both the avoidance of erroneous payments and the change to smaller payment increments.

EVV has the ability to minimize erroneous payments, but it will not totally remove fraud opportunities for unscrupulous actors. For example, despite the usage of EVV, Ohio has begun to discover incidents of fraud, including one where the beneficiary left but the attendant stayed logged in until the conclusion of the shift. PCS will need to be monitored indefinitely in order to detect and address new fraud attempts as they emerge.

As a result, it is important that health care agencies understand how to start with EVV.

How to Get Started with EVV

DEFINE YOUR REQUIREMENTS

Outlining your needs is the first stage in every major company decision, such as adopting new software. This is critical in order to minimise backtracking or delays by ensuring that possible providers satisfy your requirements. As previously stated, you will want software that can electronically record the required data points. You must also ensure that the data is straightforward to extract so that it can be reported to CMS in the required format. As critical as data collection is, reporting is also crucial.

RESEARCH MULTIPLE VENDORS

It's critical to compare and contrast several providers to guarantee you're obtaining the finest solution for your company. Step 1's requirements will lead you through your search and should serve as a checklist to guarantee you're connecting with suppliers that will meet, if not exceed, your standards.

REQUEST DEMOS OR TRIALS

One of the few ways to determine if software is a suitable match is to try it for yourself. Most software suppliers should be able to provide you with a free trial that highlights the features and capabilities that you require. Make the most of the demo time by asking crucial questions and voicing any issues you may have.

Getting your hands on the programme without danger is much better than viewing a demo. If your potential provider offers a free trial, you should definitely take advantage of it. When you receive access to your free trial, make sure to take use of it. Create workflows that resemble real-world circumstances and guarantee that all requirements are met.

CONSIDER ALL POTENTIAL IMPLICATIONS

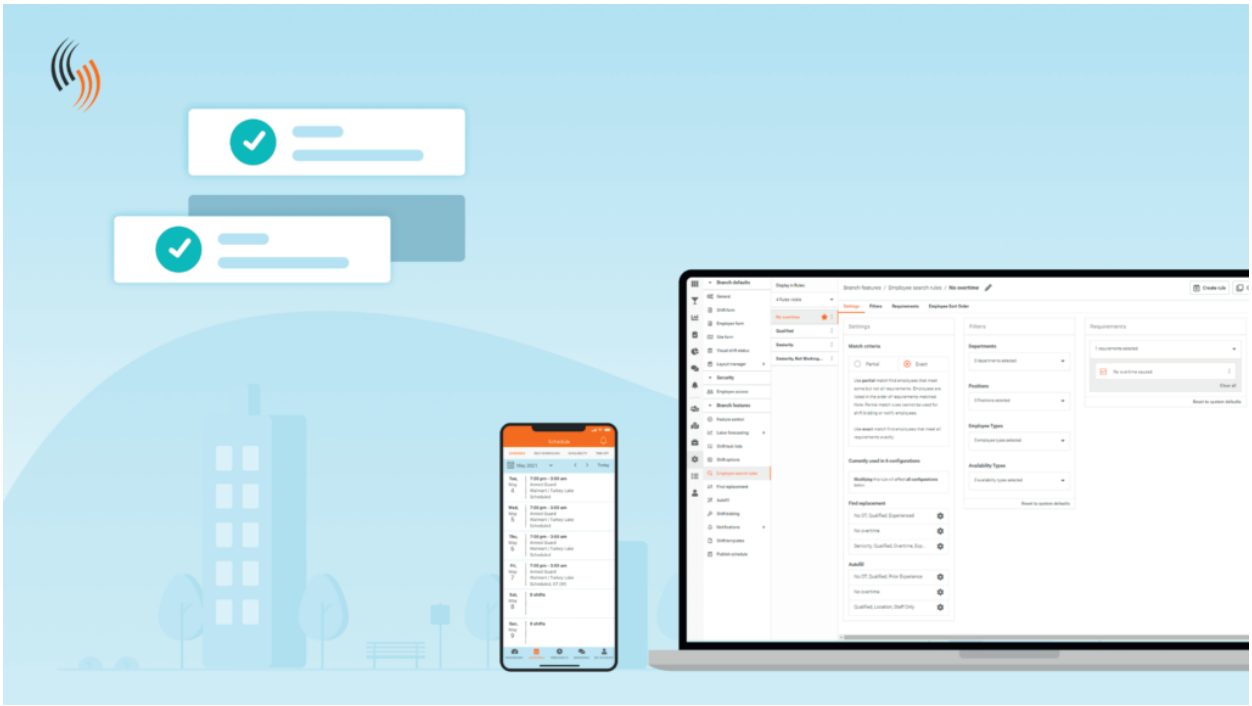
The ability of an EVV system to interact with current systems is an essential consideration for all agencies. Consider the implications for payroll, billing, and invoicing, as well as how your systems will interact. Choosing new software for a company may be a complicated process, so take your time and think about all of the possible consequences.

CELAYIX AND EVV

On the other hand, if you're searching for an EVV supplier, you might want to seek a system that offers other benefits/functionality to your company, such as Celayix's scheduling, time, and attendance solutions.

We specialize in best-of-breed staff scheduling software with a slew of other workforce management features at Celayix. With the impending necessity for EVV adoption, home care agencies will need to take a step ahead. We can assist you in taking this step by solving your business difficulties and providing ongoing assistance.

Because mobile solutions are less expensive than biometric scanners, most states and agencies are choosing them. They're also more dependable than landlines, which many people don't have anymore. Celayix is the ideal answer for the EVV issue. It's a basic, straightforward method for meeting EVV criteria.



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