



August 04, 2017

Re: Electronic Visit Verification

Thank you for the opportunity to provide feedback on the implementation of electronic visit verification (EVV) in Pennsylvania.

Pennsylvania providers have been very proactive in embracing the concept of EVV. For several years, many providers across the health and human services system have been analyzing and evaluating alternatives and taking the significant time and money to implement solutions and train staff. It is for this reason that when the Cures Act requirement came out, PA providers as a whole were somewhat less concerned about the impact of EVV implementation than many around the nation.

What this means is that many different EVV systems- all high quality and meeting industry standards- have been implemented across Pennsylvania. MITC, for example, has been working with many RCPA members but by no means is this the only system that is in place with community providers. Should the Commonwealth move to single state-contracted system that is required for all providers, all of this work would be lost for those who already have excellent alternative EVV systems in place. In essence, the Commonwealth would be punishing providers for having been proactive.

Pennsylvania can also learn from other states. Louisiana, for example, mandated a single system in 2013, then a different one in 2015. They ended up canceling both. In that process the state and providers wasted an incredible amount of time, money, and energy. Yet they have another mandated approach beginning in 2017.

In contrast, other states such as Missouri allowed providers to choose an EVV vendor that worked best for them as long as that vendor complied with Medicaid regulations for the service. Over 600 providers in Missouri have now been successfully using EVV since 2015.

There is also a cost to the Commonwealth in going with the one vendor. It would be very labor intensive and the Commonwealth would have to become expert at EVV and assume responsibility for the implementation. Further, if there are problems PA would now be tied to that one vendor. It is far simpler, easier, and cost-effective to go with the multiple vendor approach and allow providers flexibility to implement what is best for them.

Finally, there are two basic ways that PA can do this multiple vendor approach. One is to document standards which must be met by the EVV system and have the provider certify that these standards are being met. A second way is to develop a list of approved vendors that meet these standards and allow providers to select from that list. And that list does not need to be static and can change as more vendors enter PA or conversely are found not to be meeting the standards.

Thank you for this opportunity to submit these comments. We appreciate the Commonwealth taking the time to review this input in coming to a decision on EVV.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard S. Edley", is written over a light blue horizontal line.

Richard S. Edley, PhD
President and CEO