

Electronic Visit Verification (EVV) and the 21st Century Cures Act

Frequently Asked Questions for Providers

Section 12006(a) of the 21st Century Cures Act (Cures Act) mandates that states implement Electronic Visit Verification (EVV) for all Medicaid Personal Care Services (PCS) and Home Health Services (HHS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHS provided under 1905(a)(7) of the Social Security Act or a waiver.

The Cures Act, passed in December 2016, requires all state Medicaid agencies to implement an EVV requirement for providers of PCS and HHS to avoid a reduction in Federal Medicaid funding.

What is EVV?

EVV is a system that includes multiple point-of-care verification technologies, such as telephonic, mobile, and web-based verification inputs. The system electronically verifies the occurrence of home- or community-based service visits, identifying the precise time that service provision begins and ends to ensure accurate claims disbursement.

Do all providers have to use EVV?

Yes, if you provide one of the services listed above, the Cures Act requires that agencies verify delivery of all Personal Care Services and Home Health Services through an EVV system.

EVV is required for all Personal Care Services and Home Health Services under Medicaid effective July 1, 2019. Providers must select their own EVV service vendor and have records available for review upon request. All systems must be compliant with the Cures Act requirements including:

- 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
- the date of creation of the electronic record

Do providers have to use a specific EVV system?

No, the Department has opted for a provider choice model. The system the provider chooses must meet Federal guidelines.

How do providers report the data?

The Department will conduct annual post-payment reviews of claims requiring EVV for all Personal Care Services and Home Health Services providers to assess compliance with the requirements.

For each provider, at random, the Department will select a calendar month within the previous 12-month period. All claims for which the provider received reimbursement and had service dates in addition to encounters paid through Managed Care within the month selected will be part of the audit.

The Department will be providing a technical specification document as an attachment to the Section I Provider Manual. The document outlines the format that providers should use to report EVV data.

How will EVV affect reimbursement?

For any claims/encounters for which an associated EVV record cannot be located, or when the EVV record may not be sufficient to meet the requirements, the Department will present the findings to the provider and allow an opportunity to refute the findings or request consideration through the fair hearing process.

What if my claim does not match EVV data?

Please keep in mind that the Department will establish a 6-month grace period during which providers will be required to use EVV without claims being impacted. After this period, if post payment review shows that the claim is not properly verified through an EVV system, funds will be recovered.

Funds will be recovered for any claims found to be non-compliant in accordance with Section 26-18-20.

Disallowance for claims and encounters not meeting EVV requirements will not take place until January 1, 2020, for Personal Care Services, and January 1, 2023, for Home Health Services.

Will GPS be required as part of EVV?

The 21st Century Cures Act requires that location of services delivery is verified as part of EVV. The Department interprets the mandate to not require the use of GPS and expects that location may be verified through the attendant's phone by a check-in via telephone call, phone application, or web portal.

What happens if the Member does not have access to Wi-Fi (rural area)? Will paper time sheets be accepted?

Verification of services is the responsibility of the provider. A provider may verify services through a cellular application, web portal, or telephonically.