UTAH DEPARTMENT OF HEALTH MEDICAID

DIVISION OF MEDICAID & HEALTH FINANCING

Electronic Visit Verification (EVV)

Overview – 21st Century CURES Act

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21st Century CURES Act (the Act) 114 U.S.C. 255

- Enacted December 13, 2016
- Electronic Visit Verification System (EVV) found in Section 12006
    - Impacts Home Health (HHS) and Personal Care Services (PCS) offered under the State Plan benefit, or any waiver of the plan, including 1915(c) Home and Community-Based Services

Purpose of the CURES Act/EVV

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What is it?

- The Act is designed to improve the quality of care provided to individuals through further research, enhanced quality control, and strengthened mental health parity.

How does this Impact States?

- All state Medicaid PCS and HHS are required to comply with the Act's requirements by:

- **PCS:** January 1, 2021
- **HHS:** January 1, 2023

EVV Requirements

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EVV Systems Must Verify:

- **Type** of service performed;
- **Individual receiving** the service;
- **Date** of the service;
- **Location** of service delivery;
- **Individual providing** the service;
- **Time** the service begins and ends.
- **Date** of creation of the electronic record

Personal Care Services

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Personal Care Services (PCS)

- Medicaid covers PCS for eligible individuals through Medicaid State Plan options and/or through Medicaid waiver and demonstration authorities approved by CMS.
- Consists of non-medical services supporting Activities of Daily Living (ADL), such as movement, bathing, dressing, toileting, transferring, and personal hygiene.
- Depending on the Medicaid authority, states can also include PCS for the following:
  - Instrumental Activities of Daily Living (IADL), such as meal preparation, money management, shopping, telephone use, etc.
  - Intermittent (i.e., less than 24/7 coverage) residential habilitation services that encompass services delineated under personal care.
  - Mobility Related Activities of Daily Living (MRADL)

Home Health Services

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Home Health Services (HHS)

- Medicaid covers HHS for eligible individuals as a benefit through the Medicaid State Plan and/or through a waiver as an extended state plan service approved by CMS.

- This is known as the home health benefit, and CMS is equating HHS as described in the 21st Century CURES Act with the longstanding home health benefit mentioned at section 1905(a)(7) of the Social Security Act.

Penalties for Non-Compliance

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The Act (Section 12006(a)(1)(A)) requires that states that do not comply with the Act by the applicable deadlines will have their Federal Medical Assistance Percentage (FMAP) reduced as shown in the table below.

Per 1915(c) Technical Guide, the FMAP is the "Federal Medicaid matching rate For medical assistance furnished under the state plan. FMAP rates are re-calculated annually under the formula set forth in §1903(b) of the Social Security Act."

PCS & HHS FMAP Reductions per Year

Year	PCS	HHS
2021	0.50%	
2022	0.75%	
2023	1%	0.25%
2024	1%	0.25%
2025	1%	0.50%
2026	1%	0.75%
2027 & therafter	1%	1%

Benefits of EVV

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Improves program efficiencies by:

- Eliminating the need of paper documents to verify services.
- Enhancing efficiency and transparency of services provided to individuals through quick electronic billing.
- Supporting individuals using self-direction services and facilitating flexibility for appointments and services.

Strengthens quality assurance for PCS and HHS by:

- Improving health and welfare of individuals by validating delivery of services.
    - It is important to note that EVV is not a complete replacement for on-site, in-person case management visits.
- Potentially including individuals' and family's service satisfaction surveys to collect additional quality data.

Benefits of EVV (Cont.)

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Aims to reduce potential Fraud, Waste, and Abuse (FWA).

- The Department of Health and Human Services (DHHS) Office of the Inspector General (OIG) identified Medicaid PCS and HHS billings as an ongoing issue to monitor, but has recognized EVV as a "positive step towards safeguarding beneficiaries."

- Validates services are billed according to the individual's personalized care plan by ensuring appropriate payment based on actual service delivery.

- Is part of the post-payment validation methods that allows individuals and families to verify services rendered.

Utah's EVV Strategy

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Usage of Provider Choice Model

- During 2017 and 2018 the State solicited input from providers most affected by EVV to determine the implementation method preferred.
- The recommendation was made to allow providers to develop/find their own solutions in order to leverage systems that may already be in place.

Utah's EVV Strategy

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Validation of Compliance

- The State will be using a post-payment review to assure providers are meeting criteria.
- Each provider will be sampled annually
  - Records may be submitted through a secure web portal or providers may choose to create an API (Application Programming Interface)

    **Details & technical support will be provided in late summer/early fall*

Utah's EVV Strategy

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Administrative Rule R414-522

- Specifies July 1, 2019 as the date providers will be required to start collecting EVV data (has changed)
- Penalties will not be enacted until the January 2021 and 2023 dates specified in the CURES Act
- Will allow time for providers to receive technical assistance with their systems

Service Codes Impacted by EVV

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Acquired Brain Injury (ABI) Service Codes Impacted by EVV:

- Chore Services (CH1, CHA)
- Companion Services (CO1, COM)
- Homemaker Services (HS1, HSQ)
- Respite Care (Excludes RP4, RP5, RPS)
- Supported Living (SL1, SLH, SLN)

Service Codes Impacted by EVV

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Community Supports (CSW) Service Codes Impacted by EVV:

- Chore Services (CH1, CHA)
- Companion Services (COM, CO1)
- Homemaker (HS1, HSQ)
- Massage Therapy (SSM)
- Personal Assistance (PAC, PA1)
- Respite (Excludes RP4, RP5, RPS)
- Supported Living (SLN, SLH, SL1)

Service Codes Impacted by EVV

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Physical Disability (PD) Service Codes Impacted by EVV:

- Attendant Care Services (PA1)

Recent CMS Guidance

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- An individual providing care that lives with the individual receiving services does not need to log an “In-Home Visit” for services

- Medical Equipment drop-offs do not need to be logged as “In-Home visits.”

HIPAA Considerations

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- Providers, defined as a covered entity under HIPAA, are responsible for ensuring that their workforce is trained on Health Insurance Portability and Accountability Act (HIPAA) requirements and standards, including the use and application of privacy and security safeguards. Please contact your organization's HIPAA Compliance Officer with any questions.

Additional Information and Resources

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- To find more detailed information on specific HCPCS codes, please refer to the DSPD Service Codes Description Page at:
  - https://dspd.utah.gov/service-code-descriptions/

Additional Information and Resources

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- If you have additional questions regarding EVV or you would like more detailed information concerning EVV implementation, please visit the Utah EVV website at:
  - https://medicaid.utah.gov/evv
  - Includes ListServ, current timelines, current documents, and the EVV email

Contact Information

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Bureau of Long Term Services and Supports

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