

Electronic Visit Verification

FAQs (Frequently Asked Questions)

Q: What is EVV?

A: [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 Care Services (HHCS) 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 HHCS 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 HHCS to avoid a reduction in Federal Medicaid funding.

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.

Q: Do all providers have to use EVV?

A: 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 Care Services through an EVV system.

EVV is required for all Personal Care Services and Home Health Care 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

**While a July 1, 2019 compliance date has been set, recoupment/penalties for not having EVV data will not take place until January 1, 2021 for PCS and January 1, 2024 for HHS.*

Q: Do providers have to use a specific EVV system?

A: No, Utah Medicaid has opted for a provider choice model. The system the provider chooses must meet Federal guidelines.

Q: How do providers report the data?

A: Providers may submit EVV data to Utah Medicaid via two transmission methods: an Application Programming Interface (API) channel and a Secure Web portal channel. Both the API and Web portal channels will also support for synchronous status responses (was the transmission accepted or rejected).

Utah Medicaid 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.

EVV File Technical Specifications can be found on the [Utah Medicaid EVV](#) website.

Q: How can I test and verify my EVV data submissions?

A: EVV Service providers may submit a limited number of EVV data test submissions.

CSV tests will be submitted via the EVV portal: <https://evv.medicaid.utah.gov/evvsubmit/>.

To submit test data via CSV, you must check the “Data is for Testing Purposes” checkbox before uploading the CSV file. If your account does not have access granted for the test environment (or the production environment when not checking the “Data is for Testing Purposes” checkbox), the submission will be rejected with a permission error.

API tests will be submitted as outlined in “EVV File Technical Specifications” and “Configuring Secure SOAP UI Messaging” documentation, which can be found on the [Utah Medicaid EVV](#) website.

To submit tests via API submissions, the “environment_flag” field can be used to direct data to a temporary testing environment when given the value “T”. It is recommended that all data be sent this way when initially configuring and testing API submissions. If the given User ID does not have access granted for the test environment (or the production environment when using a value of “P”), the submission will be rejected with a permissions error.

Data submitted for testing purposes is expected to be transient in nature and may be removed from the system at any time. If you would like more details about EVV data submissions, please email dmhf_evv@utahmedicaid and an EVV Team member will respond to your inquiry.

Q: Why does my file keep getting rejected?

A: Common problems

- Missing leading zeros in the MemberID
- Begin and end times are missing seconds (times must include seconds)
- Submitting to Production without submitting a successful Test message
- Incorrect format
- End Service date and time should be greater than Begin Service date and time
- Service duration cannot exceed 24 hours
- Duplication – record already exists in our system

Q: How will the EVV provider compliance be conducted?

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

For each provider, at random, Utah Medicaid 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.

Utah Medicaid 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.

Q: How will EVV affect reimbursement?

A: 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, Utah Medicaid will present the findings to the provider and allow an opportunity to refute the findings or request consideration through the fair hearing process.

Q: What if my claim does not match EVV data?

A: Please keep in mind that Utah Medicaid 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, 2021, for Personal Care Services, and January 1, 2024, for Home Health Care Services.

Q: Will GPS be required as part of EVV?

A: The 21st Century Cures Act requires that the location of service delivery is verified as part of EVV. Utah Medicaid 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.

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

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

Q: Is Hospice included in EVV?

A: Due to reimbursement largely centered around per diem visits at this time, EVV will not be required. As reimbursement policy changes, this requirement may also change. Please continue to watch for updates in the Medicaid Information Bulletin (MIB)

<https://medicaid.utah.gov/utah-medicaid-official-publications>

Q: What is the expected EVV file frequency?

A: The EVV Administrative Rule R414-422 requires providers to submit EVV records to accompany each PCS or HHCS claim within 3 months of submitting the claim for payment. A provider can determine the file frequency based on volume. Our system can accept daily, weekly, monthly, or quarterly file transmissions.

Q: Is massage therapy (SSM) considered EVV?

A: No, massage therapy (SSM) has been determined to not require supporting EVV records.

Q: Can we use the CSV file to upload our EVV records and avoid paying a fee to a third-party vendor?

A: No. The CSV file method is for third-party software solution vendors to utilize.