

Electronic Visit Verification

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Issue

This report discusses electronic visit verification (EVV) requirements in federal law, implementation in Connecticut, and related legislation.

Summary

Generally, EVV systems use computer software, GPS tracking, or telephone-based systems to deter and detect fraud for services provided in home- and community-based settings. Federal law requires states to begin requiring EVV in their Medicaid programs for (1) personal care services beginning January 1, 2019 and (2) home health care services beginning January 1, 2023.

In Connecticut, the Department of Social Services (DSS) chose Sandata Technologies under its existing personal service agreement with HP Enterprise Services as the EVV system vendor for the state's home care programs. The EVV requirement for personal care services became effective January 1, 2017. DSS extended the effective date for EVV requirements for home health care from February 1 to April 1, 2017.

Among other things, [PA 17-135](#) temporarily prohibited the DSS commissioner from extrapolating overpayments caused by errors related to implementing the EVV system and required DSS to report to the Human Services Committee on EVV implementation.

Federal Requirements

Definition

An electronic visit verification (EVV) system is a system that electronically verifies the following information for personal care services or home health services:

1. service performed,
2. recipient,
3. date,
4. location,
5. provider, and
6. service start and end time.

Generally, EVV systems are meant to deter and detect fraud for services provided in home- and community-based settings. Using computer software, GPS tracking, or telephone-based systems, EVV usually requires health care providers who care for a patient in his or her home to log in to the system, record services rendered, and log out. Different EVV systems may have different features and requirements. The provider normally must enter data at the patient's home at the time the provider renders services. EVV can be used for scheduling, visit verification, and submitting claims.

Applicability and Penalty

Under federal law, states must begin requiring EVV for (1) personal care services beginning January 1, 2019 and (2) home health care services beginning January 1, 2023 ([42 U.S.C. 1396b\(l\)](#)). The EVV requirement applies to such services provided under the Medicaid state plan or under a Medicaid waiver. Generally, personal care services include assistance provided to individuals with disabilities or chronic conditions to help them accomplish activities of daily living (e.g., eating, bathing, dressing) or instrumental activities of daily living (e.g., meal preparation, shopping for food). Home health services generally include part-time or intermittent visits by a registered nurse and visits by credentialed home health aides, and may also include physical therapy services and speech pathology services. By law, states that do not comply with federal EVV requirements will receive reduced federal reimbursement for Medicaid services, but the law also delays the penalty for states who demonstrate a good faith effort to comply.

Related Requirements

Federal law requires states to consult with provider agencies to ensure their EVV systems (1) are minimally burdensome, (2) take into account existing best practices, and (3) comply with federal laws on health information privacy. States that already had EVV systems in place when the federal legislation became effective are exempt from these requirements.

The law requires the federal government to pay 90% of the costs to design and install EVV systems the state operates or contracts for and 75% of the costs of operating and maintaining such systems. Systems not operated by the state or on behalf of the state are not eligible for this reimbursement. It also required the federal Department of Health and Human Services (HHS) to distribute best practices to state Medicaid directors by January 1, 2018 ([PL 114-255, § 12006 \(b\)](#)). The Centers for Medicare and Medicaid Services (CMS) within HHS issued [guidance](#) and a [frequently asked questions document](#). CMS based its guidance in part on interviews with five states including Connecticut that had implemented or were in the process of implementing EVV systems.

Implementation in Connecticut

In March 2016, DSS chose Sandata Technologies as the vendor to configure, implement, and operate the EVV system for the state's home care programs. The department did so by amending its existing personal service agreement with HP Enterprise Services for the Medicaid Management Information System (MMIS) to expand the scope of work to include implementing and managing the EVV system and naming Sandata as a subcontractor.

In Connecticut, the EVV requirement for personal care services became effective January 1, 2017. That month, several providers entered into a stipulated judgment with DSS after one of the providers notified DSS that it would not use EVV until its concerns were addressed and DSS subsequently notified the provider that its Medicaid provider agreement would be terminated effective February 3, 2017. Instead, the stipulated judgment, among other things, (1) rescinded the provider agreement termination, (2) required the provider to use EVV by April 2, 2017, (3) allowed the provider to submit payment claims on paper to HP Enterprise Services until it begins using EVV, and (4) prohibited the provider from hindering transfer of its clients should its Medicaid provider agreement be terminated at a later date as a result of failure to comply with EVV requirements.

Later that month, as part of an agreement with various legislators, DSS extended the effective date for EVV requirements for home health care from February 1 to April 1, 2017.

DSS describes the EVV system used in Connecticut as one that incorporates a caregiver enabled smartphone application, a small in-home device, and a telephone-based tracking program.

Related Legislation

[PA 17-135](#) temporarily prohibited the DSS commissioner from extrapolating overpayments caused by errors related to implementing the EVV system. Generally, extrapolation means projecting the total value of submitted claims based on a sample of the claims.

The act prohibited DSS from extrapolating overpayments due to errors related to EVV by (1) non-medical providers from January 1, 2017 to May 1, 2017 and (2) medical home health care providers from April 1, 2017 to August 1, 2017.

Under the act, non-medical providers are Medicaid-enrolled home care providers who are not licensed by the Department of Public Health (DPH) (i.e., generally, personal care service providers). Medical home health care providers are Medicaid-enrolled, DPH-licensed providers with Medicare certification to provide medically skilled home health care services under a registered nurse's supervision.

The act also requires the DSS commissioner to report to the Human Services Committee on the implementation of the state-required EVV system by July 1, 2018. The report must include (1) any problems with system implementation, (2) recommendations to resolve identified problems, and (3) cost savings identified due to the EVV system.

Resources

CMS, [“CMCS Informational Bulletin: Electronic Visit Verification.”](#) May 16, 2018.

CMS, [“Frequently Asked Questions: Section 12006 of the 21st Century Cures Act.”](#) May 16, 2018.

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