



LESSONS LEARNED FROM THE CMS EVV LEARNING COLLABORATIVES

Division of Long-Term Services and Supports
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services

Agenda

- Introduce the purpose and functions of and federal guidance on electronic visit verification (EVV) solutions.
- Discuss how EVV can improve existing fiscal integrity processes for 1915(c) home and community-based services (HCBS) waiver programs, and how to document the use of EVV in the 1915(c) waiver application.
- Review specific strategies and promising practices for incorporating EVV data and processes into states' 1915(c) waiver program integrity efforts based on state experiences discussed during eight CMS EVV Learning Collaborative sessions.
- Identify considerations for integrating EVV processes into state oversight of fiscal integrity in their 1915(c) waiver programs.

Introduction to EVV & CMS EVV Learning Collaboratives

What is Electronic Visit Verification?

Electronic Visit Verification (EVV)

- A technological solution used to electronically verify that personal care providers and home health providers delivered or rendered services as billed.

EVV systems must verify the:

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

Federal Guidance

Section 12006(a) of the 21st Century Cures Act requires states to implement EVV for all Medicaid personal care (PCS) and home health care services (HHCS) requiring an in-home visit by a provider.

States must have implemented EVV for PCS by January 1, 2020 (as amended by Congress in 2018) and for HHCS by January 1, 2023, unless granted a one-year Good Faith Effort exemption.

- **Personal Care Services (PCS):** Services supporting Activities of Daily Living (ADLs) or services supporting both ADLs and Instrumental Activities of Daily Living (IADLs) provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115.
- **Home Health Care Services (HHCS):** Nursing services and/or home health aide services delivered in the home provided under 1905(a)(7) of the Social Security Act or a waiver. At the state's option, HHCS may also include physical therapy, occupational therapy, and speech pathology and audiology services.

Application of FMAP Reductions

- Noncompliance may result in incremental federal match reductions up to 1 percent, assessed quarterly.
- To avoid reductions in their federal match for PCS, each state and territory was required by CMS to submit a web-based survey to affirm compliance with the Cures Act for each Medicaid authority as applicable.
- Forty-nine states and the District of Columbia were granted a Good Faith Effort exemption, which delayed the assessment of FMAP reductions until January 1, 2021.

Reductions are assessed quarterly. States receive a reduced match for each quarter in which they are noncompliant with EVV requirements for some part of the quarter.

- CMS applies FMAP reductions only to expenditures for non-compliant PCS that require the use of EVV.
- States can update their compliance surveys on an ongoing basis, and work with CMS to address challenges or delays.

EVV System Models

States have flexibility in selecting an EVV model most compatible with their Medicaid program, contingent on the model meeting statutory requirements.

Several major models have been identified by CMS:

- **Provider Choice:** Providers (or managed care plans under an **MCP Choice** model) select their EVV vendor of choice and self-fund EVV implementation.
- **State Mandated External Vendor:** The state contracts with a single EVV vendor to implement a single EVV solution. Under a **State Mandated In-House System** model, the state develops and manages the system itself.

EVV System Models (cont.)

- **Open Choice:** The state contracts with at least one EVV vendor or operates its own EVV system while still allowing providers and MCPs with existing EVV systems to continue to use those systems.
 - Over half of states employ an open choice model for all programs.
 - More than a dozen states employ a “hybrid” model in which the state operates different model types above for different programs. Many of these states use a Provider Choice or Open Choice model for agency-directed services and a State-Mandated External Vendor model for self-directed services.

Common Options for Verification

Three common verification methods have been identified by CMS:

- **Telephonic:** Service providers check-in and check-out by dialing the EVV solution from a landline and utilizing interactive voice response (IVR).
- **In-Home Device:** A one-time password (OTP), fixed-object device (e.g., fob), or similar device in the member's home generates unique codes at check-in and check-out. Service providers can then enter the codes into the EVV solution through IVR from another telephone or an online portal. Some systems might offer a portable in-home device, such as a tablet, for verification, which may also connect to GPS.

Common Options for Verification (cont.)

- **Mobile Application:** Service providers check-in and check-out through a mobile application, usually on the provider's personal or agency-provided smartphone. The application connects to the Internet and location services with GPS.
 - Location services would only be needed to ensure the provider was in the home at the time they check-in/out to provide services.
 - Continuous tracking of the individual or provider as they move throughout the community is not required.

CMS EVV Learning Collaborative

- The CMS Division of Long-Term Services and Supports (DLTSS) launched EVV Learning Collaborative in January 2019 and has since hosted eight Collaborative sessions with over 800 unique participants from 48 states.
- Each session centers open discussion and dialogue around a specific topic relating to the design, implementation, and/or operation of an EVV solution, which can apply to states across all implementation statuses, model types, methods for verification, and HCBS landscapes.
 - Sessions have included state staff and stakeholder groups as panelists.

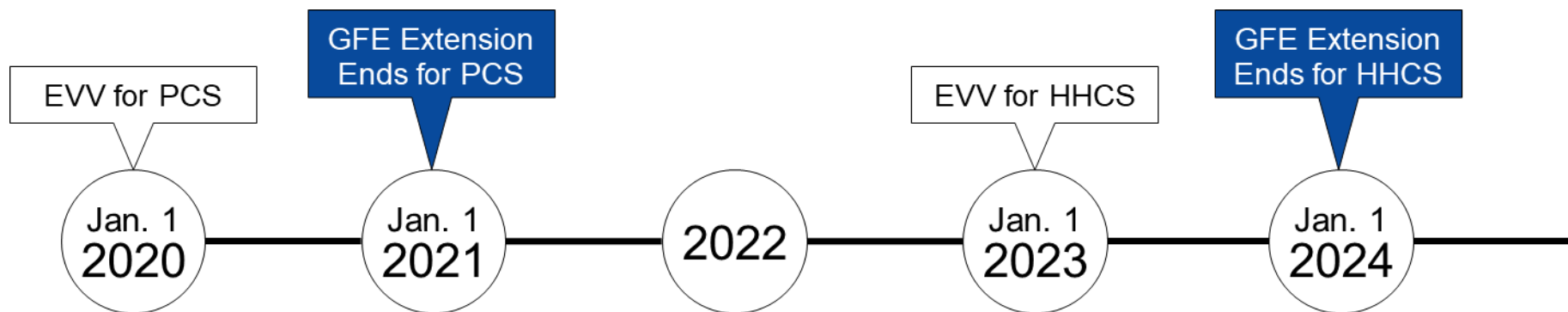
CMS EVV Learning Collaborative (cont.)

Previous topics have included:

1. EVV Models and Solutions
2. EVV Technologies
3. Accessibility & Inclusivity of Populations Under EVV
4. Implementation Approaching the Cures Act Deadline
5. Achieving and Monitoring Compliance with the Cures Act
6. Operation of a Compliant Solution
7. Billing Validation and Oversight
8. Updating and Adapting EVV Policies and Systems

Status of Implementation of EVV for Personal Care Services

Implementation of EVV for PCS

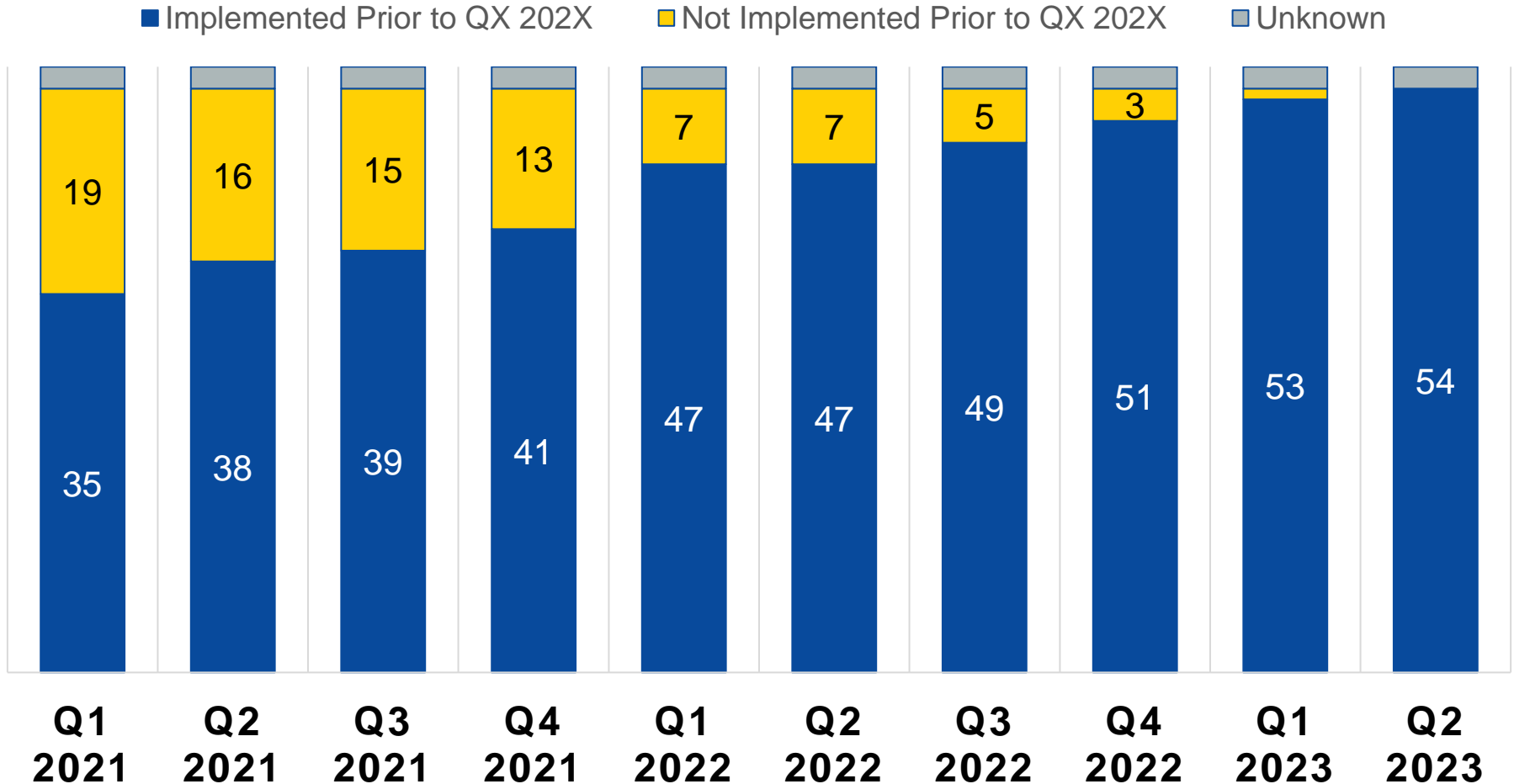


Thirty-five (35) states and territories (of 56 total) reported that they became compliant for all active PCS authorities by January 1, 2021.

- Forty-seven (47) states and territories report that they will be compliant for all active PCS authorities in their state by January 1, 2022.
- Fifty-three (53) states and territories report that they will be compliant for all active PCS authorities by January 1, 2023.
- Of those considered compliant, four (4) territories indicated they do not deliver PCS subject to EVV, and therefore EVV is not applicable at this time.

Source: EVV Compliance Survey Submissions as of October 1, 2021.

Reported Implementation of EVV for PCS by States and Territories



Source: EVV Compliance Survey Submissions as of October 1, 2021.

Discussing Fiscal Integrity & EVV During Learning Collaboratives

What is Fiscal Integrity?

Fiscal Integrity - Assurance that billed services were rendered in accordance with all statutory requirements.

42 CFR § 441.302(b) requires that states “**assure financial accountability for funds expended for home and community-based services**” (HCBS) and “maintain and make available ... appropriate financial records” documenting service delivery information as necessary.

- States may use a variety of tools, often in conjunction with one another, to ensure integrity of waiver payments including:
 - Pre-payment controls such as Medicaid Management Information System (MMIS) edits that identify and prevent potential billing errors prior to claims submission.
 - Pre-payment and post-payment reviews.
 - Other automated or electronic solutions such as EVV.

Fiscal Integrity in HCBS Waiver Programs

- CMS offers states guidance for completing their 1915(c) waiver applications in the **Application for a §1915(c) Home and Community-Based Services Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria** (“the Technical Guide”).

Appendix I covers financial elements of HCBS waiver operations.

- **Appendix I-1** “concentrates on post-payment review activities rather than on the methods of ensuring the validity of provider billings prior to payment,” which are discussed in **Appendix I-2d**.

Fiscal Integrity in HCBS Waiver Programs (cont.)

- As states primarily employ EVV as a pre-payment or post-payment validation system to help ensure integrity of waiver payments, EVV will likely impact processes described in Appendices I-1 or I-2d of their 1915(c) waivers.
 - This is consistent with the expectation of the Cures Act that data is used to **control fraud, waste, and abuse** in the state, as EVV is becoming a critical component of states' fiscal integrity processes and oversight.
 - The [Congressional Budget Office \(CBO\)](#) anticipated that EVV will save states \$290 million in direct spending over a 10-year period.

Potential Benefits from EVV

Service Verification Efficiency

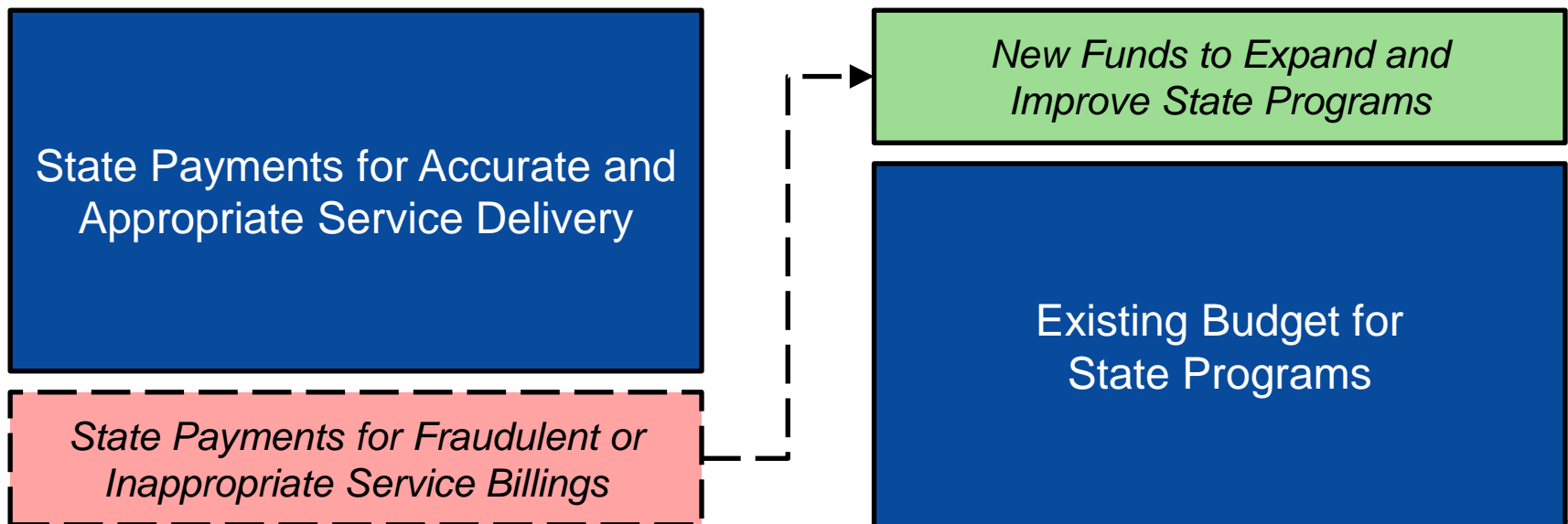
- Automation of service verification.
- Assurance that payment is based on actual service delivery at recorded check-in and check-out times and locations.
- Decreased reliance on maintaining and retaining paper records.

Oversight of Service Verification and Delivery

- Protection of individuals' health and welfare through verification that services were delivered as identified in the service plan.
- Assurance that payment is based on appropriate service delivery as identified on the individual's person-centered service plan.
- Reinforcement of pre-payment validation methods that allow individuals and families to verify the services rendered.

Return on Investment from EVV

- Reductions in inappropriate billings may lead to improved payment efficiency, resulting in state savings, as noted in the referenced CBO report.
- Savings can provide opportunities for the state and for individuals due to investment in other community resources or state initiatives.



Lessons Learned from Our Learning Collaboratives

Experiences shared by panelists & participants during Learning Collaborative sessions can offer a potential roadmap for states incorporating EVV in their fiscal integrity systems.

- Staff from 17 states and additional stakeholders have shared promising practices and lessons learned with one another during the eight Learning Collaborative sessions, from their experiences designing, implementing, and operating their EVV solutions, as well as using EVV in their fiscal integrity processes.

Agenda Refresher

In the remainder of this session we will share specific state examples and considerations discussed by our Collaborative panelists for incorporating EVV into several aspects of fiscal integrity, including:

- Billing Validation / Pre-Payment Reviews (Appendix I-2d of the 1915(c) waiver application).
- Financial Accountability / Post-Payment Reviews (Appendix I-1).
- Billing and Claims Records Maintenance (Appendix I-2e).

Incorporating EVV in Fiscal Integrity Processes

States should consider the following as they operate their EVV solutions, as shared during past Collaborative sessions:

1. **Integration of Systems:** Integrate the EVV solution and aggregated point-of-service EVV data with other state systems and processes.
2. **Insight into the Individual's Journey:** Gain insight into how in-home services are delivered to individuals to monitor and drive program improvements and quality.
3. **Flexibility in Claims Matching:** Incorporate flexibility into the claims matching process to minimize burden on providers and allow for pilot periods and emergency circumstances.
4. **Allowances for Manual Edits:** Manual entries will sometimes be necessary, and state procedures should identify, allow, and audit edited or manually submitted visit records.
5. **Leveraging EVV Data:** Leverage information captured by the EVV solution for quality assurance and data analysis purposes.
6. **Administrative Functions:** Allow the EVV system to take on administrative burdens currently fulfilled by state or provider agency staff.

Integration of Systems

Integrate the EVV solution and aggregated point-of-service EVV data with other state systems and processes.

- Since the first Collaborative session, states have underscored that integrating their EVV solution with systems covering eligibility, prior authorizations, person-centered service plans, and MMIS claims payment and/or managed care encounter data has streamlined reimbursement and Medicaid operations.
- Panelists have identified how integrating their EVV solutions with the above Medicaid operations systems can:

Integration of Systems (cont.)

- Automate pre-payment validation by ensuring only authorized services are billed, as some states primarily employ their EVV solution prior to payment.
 - The six required data elements can inform the documentation of the type, scope, amount, duration, and frequency of services authorized during the person-centered planning process. Automatic comparison between the service plan, the EVV data, and the claim allows reimbursement for only the services which were both electronically verified *and* prior authorized.
- Standardize fee-for-service claims and managed care encounters, as Medicaid programs may be operated by multiple agencies and managed care entities across multiple payment delivery models.

Insight into the Individual's Journey

Gain insight into how in-home services are delivered to individuals to monitor and drive program improvements and quality.

- Point-of-service EVV data over a period of time for an individual or cohort can tell a story of how they are receiving their care, especially when reviewed with their care plans and service notes.
- Panelists, including representatives from state Medicaid agencies and advocacy groups, have emphasized that additional capabilities of EVV solutions such as integrated scheduling can be value-adds *if* those functions offer flexibilities for recipients and do not impose penalties on providers.

Insight into the Individual's Journey (cont.)

- One panelist described how their state's EVV system interfaces with a quality-focused division's systems to inform care, staffing, and scheduling.
- Another panelist described how the EVV system allows for direct care workers to input service notes, which can then be reviewed throughout the care journey for that individual and may flag needs or goals not captured elsewhere.
- Tracking EVV data can also alleviate the recipient or family of the responsibility to report lack of services or neglect by a caregiver or provider, allowing states to proactively monitor the receipt of needed services.

Flexibility in Claims Matching

Incorporate flexibility into the claims matching process to minimize burden on providers and allow for pilot periods and emergency circumstances.

- With EVV data, states can require that claims “match” point-of-service data before paying those claims – but states have found that an ability to temporarily disable those automatic denials can be helpful.
 - Many states offered a “soft launch” or other pilot or testing phase during which they could request providers to submit matching EVV and claims data without penalizing those providers for errors, edits, or missing information.
 - Even after full implementation, rather than outright denying a claim, panelists have described how their state alerts providers to a reason for denial and offers a time-limited allowance for providers to provide corrected or missing information in the EVV and/or billing systems with a “reason code.”
 - Pausing automatic denials can also be important when the system itself has a technical issue which may adversely affect payments.

Flexibility in Claims Matching (cont.)

- Panelists documented real-life circumstances during which their states waived or extended thresholds for unverified visits, including inclement weather crises and spikes in COVID-19 positivity rates.
 - One state which experienced a critical weather event offered temporary reason codes which would bypass the claims matching process to allow for immediate payment.
- Many states staggered the enforcement of EVV usage for validating claims, a flexibility which allows providers to acclimate to a new system and process for verifying services without penalties on the provider for a learning curve (as accounted for in the error rate policy).
 - One state instituted several “gates” or checkpoints for providers within the EVV solution, first requiring providers to register themselves in the system and schedule a single visit and building toward verification of all visits.
 - This may be especially promising for when provider agencies onboard new staff to deliver PCS or for when states require EVV for additional services, including HHCS in 2023 or other services at each state’s discretion.

Allowances for Manual Edits

Manual entries will sometimes be necessary, and state procedures should identify, allow, and audit edited or manually submitted visit records.

- When information is not captured by an EVV solution, the provider agency must typically input that information manually into a provider portal available through the EVV or billing system.
- Panelists indicated that instituting a thoughtful error rate policy, which allows for edits and errors while continuing to enforce the legislative requirements, can curb potential abuse of manual entries. States recommend that these policies:
 - Be written and publicized for providers.
 - Set a threshold or limit on allowable manual entries; e.g., one panelist's state allows six manual entries per month by a provider (adjusted upwards during the COVID-19 public health emergency) while another may allow five percent of visits to be manually entered.
 - Explain penalties for manual entries, such as automatic denial of claims for unverified visits for noncompliance or a corrective action plan.

Allowances for Manual Edits (cont.)

- Tracking manual entries is key for assuring integrity of waiver payments, as these visits are not accompanied by complete electronic verification.
 - One panelist discussed their state’s dedicated audit team, which reviews all manual entries. This may not be feasible for all states depending on capacity and resources, however can prove translatable to other states’ experiences.
 - For example, a state might assign staff to review manual entries from *only* those providers which fall below a certain threshold, or all manual entries over a certain period after onboarding a provider or direct care worker.
 - Other panelists defined how their states set thresholds for manual entries. One defined their state’s “usage score,” which tracks and weighs manual entries and rejected claims from providers and allows the state to assess overall compliance and target providers who do not meet state standards.
 - When automated, this process can also reduce administrative burden on both the state and provider by allowing for some threshold, for each provider, of manual edits which do not require further state corrective action.

Leveraging EVV Data

Leverage information captured by the EVV solution for quality assurance and data analysis purposes.

- Data collected through the EVV system can offer more than the six required elements. States can trend data to monitor access and quality, especially for visits which do not align with prior authorizations or expectations.

Panelists described various reasons for tracking and trending the data gathered through EVV solutions. EVV data can:

- Hold providers accountable for compliance with state regulations on electronic verification and identify struggling providers.
 - States can track missed visits (those which were authorized but not billed), manually entered visits (those which were billed but not electronically verified), and overall utilization with data from EVV and claims systems.
 - A state can use this data to determine which providers are not meeting state expectations for EVV and can target those providers for technical assistance, which panelists have emphasized is key for satisfactory performance.

Leveraging EVV Data (cont.)

- Offer insights on individual and systemic trends in access and quality.
 - Analysis of missed visits or manual entries can inform whether there are barriers to delivering or receiving care.
 - Aggregated and standardized EVV data provides valuable information for states, and multiple panelists indicated that their states currently use this data for insights on their Medicaid operations including network adequacy, access to providers, payer performance, and systemic gaps in fiscal integrity.

Leveraging EVV Data (cont.)

- Inform the investigation and remediation of potential cases of fraud or of adverse impacts to participant health and welfare.
 - One state specifically referenced its referral to its Medicaid Fraud Control Unit and Attorney General’s office of data demonstrating “overlapping claims, late or missed visits, or unknown dial-in numbers” as evidence in investigations – thereby potentially alleviating the burden of the individual or family to report inadequate service delivery and advancing resolution of care issues, as discussed earlier as part of the interaction of EVV with the individual’s journey.
 - This may be employed for instances when a provider bills simultaneously for two services, using location data as evidence of potential overbilling.

Administrative Functions

Allow the EVV system to take on administrative burdens currently fulfilled by state or provider agency staff.

- Many systems can automatically compare data, generate claims, issue denials, and store and report key information, which may fulfill certain administrative responsibilities and streamline records maintenance.
- For the state Medicaid or operating agency, the EVV system can store and report claims and encounter data across providers and payers. Claims can then be validated and transmitted to their respective management systems for adjudication or further action without input from state staff.

Administrative Functions (cont.)

- Panelists discussed other functions which may facilitate provider operations, such as scheduling and service notes integrated with the EVV solution.
 - Two states' panelists noted that their systems would alert providers in real time regarding state communications, missed visits, or “flagged” services.
 - Similarly, provider portals incorporated into the EVV system can minimize the complexities of billing, scheduling, and general administration for direct care workers and supervisors.

Summary

To enhance operations and service delivery and to curb potential instances of fraud, EVV may impact a number of existing processes aimed at assuring the integrity of waiver payments.

- A significant majority of states have already implemented EVV for all PCS authorities active in their state, and even more have begun implementing for PCS under some (but not all) Medicaid authorities.
- States will find that holistically integrating their EVV solutions can offer financial, administrative, and programmatic benefits in their delivery of HCBS.

Summary (cont.)

- In implementing and operating the EVV solution, states should consider how to best incorporate their EVV systems and data into their broader fiscal integrity processes. States may consult promising practices shared during CMS EVV Learning Collaborative sessions.
- States can document these processes in Appendix I of their 1915(c) waivers.
- CMS can assist states in identifying applicable promising practices, documenting appropriate information in the 1915(c) waiver, funding EVV systems, and other areas.

Additional Resources

Refer to **CMS guidance** for additional information on EVV:

- [EVV FMAP Reduction Process: Training Call with States](#) from April 2021
- [Leveraging EVV to Enhance Quality Monitoring and Oversight in 1915\(c\) Waiver Programs](#) from February 2020
- [CMCS Informational Bulletin](#) from August 2019
- [CMS Update on EVV](#) from August 2018
- [NASUAD Pre-Conference Intensive](#) from August 2018
- [NASUAD Conference Workshop](#) from August 2018
- [CMCS Informational Bulletin](#) from May 2018
- [Frequently Asked Questions](#) from May 2018
- [Promising Practices for States Using EVV](#) from January 2018
- [Requirements and Considerations](#) from December 2017

Questions?

For Further Information

For further information, contact:

EVV@cms.hhs.gov