



ELECTRONIC VISIT VERIFICATION (EVV)

EVV REQUIREMENTS

- Section 12006 of the 21st Century Cures Act requires all states to implement the use of EVV for Medicaid-funded personal care and home health care services.
- States that do not comply with the 21st Century Cures Act will have their Federal Medical Assistance Percentage (FMAP) reduced.
- EVV must be implemented for personal care services by January 1, 2020 and for home health care services by January 1, 2023.
- OLTL waiver services included in the initial implementation of EVV include:
 - Personal Assistance Services (Agency and Participant-Directed Model)
 - Participant-Directed Community Supports
 - Respite (unlicensed settings only)

EVV REQUIREMENTS

The 21st Century Cures Act requires that the EVV system verify:

1. Type of service provided
2. Individual receiving the service
3. Individual providing the service
4. Date of the service
5. Location of the service delivery
6. Time the service begins and ends

LOCATION REQUIREMENTS

- DHS acknowledges that the recording of a visit location for EVV is complex. The goal of the DHS system is to both satisfy federal requirements and decrease the potential burden on workers and participants whenever possible.
- The EVV system will only collect the GPS longitude and latitude at clock in and clock out and identify if the location is within a quarter mile of any addresses contained in the system for the participant.
- Providers and/or participants will be able to add additional addresses into the system for community locations.

LOCATION REQUIREMENTS

- If the visit begins or ends outside of any of the registered locations, this will not create a visit exception and will not prevent the visit from being processed or the provider from being paid.
- DHS will be evaluating the efficacy and usability of the location technology throughout implementation to determine if there are ways to further improve the process.

OPEN VENDOR MODEL

- DHS is working with DXC and Sandata to develop an EVV system that will integrate with PROMISe, our existing Medicaid Management Information System.
- Providers may use other EVV vendors/systems (Alternate EVV).
- Alternate EVV systems will need to capture the six required items under the Cures Act and will need to meet DHS system data requirements outlined in the technical specification documents.

OPEN VENDOR MODEL

- The DHS Aggregator will receive information from Alternate EVV systems being used by providers in fee-for-service programs.
- Providers using Alternative EVV systems in CHC will need to send their EVV data the CHC-MCOs.

EVV VISIT CAPTURE

- EVV systems use a variety of devices to capture visit data.
- Devices or methods used by many EVV systems include:
 - Mobile applications for smartphones and tablets
 - Telephonic visit capture through landline phones
 - Fixed verification devices that are placed in the home and generate a unique code at clock-in and clock-out

EVV VISIT CAPTURE

- Since EVV systems vary and DHS is pursuing an open model, DHS does not have a preference for the type of device used as long as it captures the data required by the 21st Century Cures Act and can meet the technical specifications to integrate with the DHS Aggregator or MCO system.
- Direct Care Workers are responsible to utilizing the system chosen by their employer to enter visit information at clock-in and clock-out. Training will be offered to Direct Care Workers by their Agency or Public Partnerships if they provide services through a participant-directed program.

IMPLEMENTATION TIMELINE

- October 2019 – Provider training to be offered to providers choosing to use the DHS EVV system with phased in system use. Training will continue to be offered through full implementation.
- October 2019 – Soft launch of DHS EVV system.
 - DHS will expect provider agencies, and Vendor Fiscal (VF) agents to use EVV for the capture and verification of visits.
- January 2020 – Full implementation of the system as required by the 21st Century Cures Act.

PARTICIPANT-DIRECTED MODEL

- Public Partnerships, LLC. (PPL) has chosen to use their proprietary system, Time4Care, as the EVV solution for the participant-directed model in OLTL programs.
- PPL conducted webinar trainings in August for Common-Law Employers (CLEs) and Direct Care Workers (DCWs). Additional webinar trainings and in-person trainings will be offered throughout September and October. Self-guided video tutorials are also available on PPL's website.
- The Time4Care system went live on September 1st. PPL continues to communicate that this is a soft-launch date and CLEs and DCWs will continue to receive support in order to begin adopting the EVV system throughout the fall of 2019.

EVV OPPORTUNITIES

- By utilizing an aggregator to integrate EVV data with PROMISe, DHS anticipates a wide variety of opportunities to utilize EVV data to increase program integrity.
- DHS will be able to compare EVV visit information to both fee-for-service claims data and MCO encounter claims data to identify potential program improvement opportunities.
- EVV data can offer insights into:
 - Provider network adequacy
 - Claims validation
 - Program monitoring

EVV RESOURCES

- FAQs, technical specifications, and other resources are available at:
<http://www.dhs.pa.gov/provider/billinginformation/electronicvisitverification/>
- For specific questions regarding EVV and to subscribe to the EVV listserv, please contact:
RA-PWEVVNotice@pa.gov
- Upcoming EVV Public Meetings:
 - Friday, November 8, 2019 from 1:00 to 3:00PM



QUESTIONS