



LEVERAGING ELECTRONIC VISIT VERIFICATION (EVV) TO ENHANCE QUALITY MONITORING AND OVERSIGHT IN 1915(c) WAIVER PROGRAMS

Division of Long Term Services and Supports

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

Training Objectives

- Introduce the requirements, purpose, federal guidance, and functions of electronic visit verification (EVV) solutions.
- Discuss how EVV can improve existing program integrity processes for home and community-based services (HCBS).
- Review specific strategies and recommendations for incorporating EVV data and processes into states' HCBS program quality monitoring efforts including areas related to fiscal and program integrity.

Introduction to Electronic Visit Verification

What is Electronic Visit Verification?

Electronic Visit Verification (EVV)

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

EVV systems must verify the:

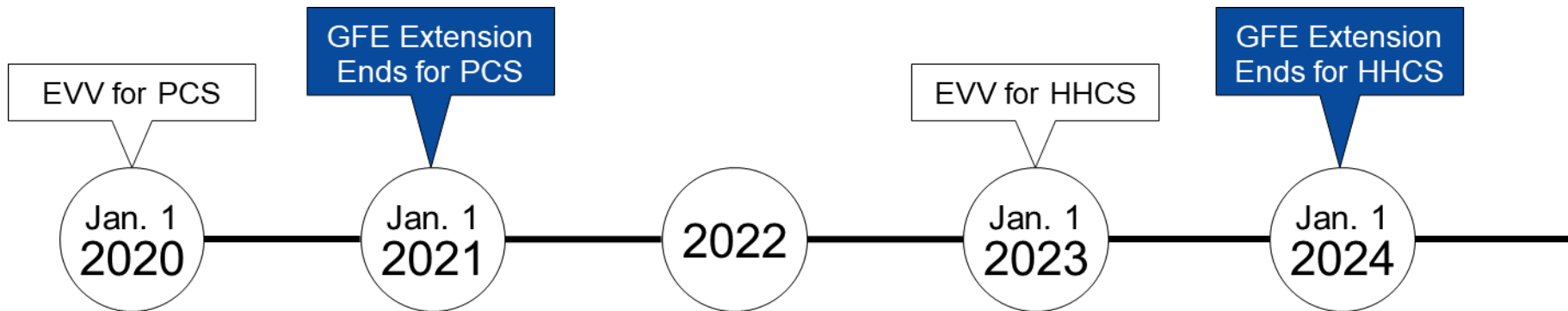
- **Type** of service performed.
- **Individual receiving** the service.
- **Date** of service.
- **Location** of service delivery.
- **Individual providing** the service.
- **Time** the service begins and ends.

Federal Guidance

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

- States must have implemented EVV for PCS by January 1, 2020 (as amended by [legislative action](#) in 2018) and for HHCS by January 1, 2023.
 - **Personal Care Services (PCS):** Services supporting Activities of Daily Living (ADLs) or services supporting both ADLs and Instrumental Activities of Daily Living (IADLs).
 - **Home Health Care Services (HHCS):** Nursing services and/or home health aide services delivered in the home. At the state's option, HHCS may also include physical therapy, occupational therapy, and speech pathology and audiology services. If these services are delivered in the home, EVV applies. EVV does not apply to the delivery, set-up, and/or instruction on the use of medical supplies, equipment, or appliances.
- Noncompliance may result in incremental federal match reductions up to 1 percent unless the state has made a “good faith effort” to comply and has encountered “unavoidable delays.” States with good faith effort exemptions will not be subject to federal match reductions in the calendar year 2020.

Timeline for Implementation



- The Cures Act mandated that states implement compliant EVV solutions for PCS by January 1, 2020. To avoid reductions in their federal match for PCS, every state was required by CMS to either:
 - Affirm compliance via an **attestation of compliance** submitted to CMS by December 2019.
 - Request a **Good Faith Effort (GFE) extension** via an application submitted to CMS, which delays any applicable FMAP reductions until January 2021.
- **Fifty states** including Washington DC have applied for a Good Faith Effort application for part or all of their PCS. These states will submit their attestations by December 2020 to avoid reductions in the FMAP for PCS in the first quarter of 2021.

Required Medicaid Authorities per Section 12006 of the Cures Act

Medicaid PCS Authorities Subject to EVV Requirements

- 1905(a)(24) State Plan Personal Care benefit.
- 1915(c) HCBS Waivers.
- 1915(i) HCBS State Plan option.
- 1915(j) Self-directed Personal Attendant Care Services.
- 1915(k) Community First Choice State Plan option.
- 1115 Demonstration.

Medicaid HHCS Authorities Subject to EVV Requirements

- 1905(a)(7) State Plan Home Health Services.
- Home health services authorized under a waiver of the plan.

Note: EVV requirements do not apply to the Program of All-Inclusive Care for the Elderly (PACE).

Application of FMAP Reductions

- Federal match will only be reduced for payment for **personal care services** as described in Section 12006(a) of the Cures Act.
- Reductions are assessed quarterly – states will receive a reduced federal match for each quarter they are noncompliant.
- Personal care services are reimbursed under the **different authorities** delineated on the previous slide. States may have implemented EVV for some authorities, but not others, by the implementation deadline. Therefore, CMS assesses FMAP reductions based **only on the authority or authorities for which the state has not implemented a compliant EVV solution**.
 - If states have implemented EVV for specific waivers or HCBS State Plan Amendments (SPAs) under some authorities but not others, they may work with CMS to determine how to apply FMAP reductions in a more targeted manner if possible.

EVV System Models

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

Five major models have been identified by CMS:

- **Provider Choice:** Providers select their EVV vendor of choice and self-fund EVV implementation.
- **Managed Care Plan (MCP) Choice:** MCPs (rather than providers) select and self-fund their EVV vendor solution.
- **State Mandated In-House System:** The state develops, operates, and manages its own EVV system, allowing standardization and access to data without a need to aggregate from diverse external EVV systems.
- **State Mandated External Vendor:** The state contracts with a single EVV vendor to implement a single EVV solution.
- **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.

Common Options for Verification

Three common visit verification methods have been identified by CMS:

- **Telephonic:** Service providers check-in and check-out by calling into the EVV solution from the member's 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.
- **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.

Program Quality Monitoring and EVV

Program Quality Monitoring

Programs operated under the oversight of or in partnership with the Center for Medicaid and CHIP Services (CMCS) are “*guided by the overarching aims of the Centers for Medicare and Medicaid Services (CMS) Quality Strategy: better health, better care, lower cost through improvement.*” – [Medicaid.gov](https://www.Medicaid.gov).



- EVV may enhance state quality monitoring efforts by serving as a data source for performance measures applied to sub-assurances in the 1915(c) waiver application.

Functions Strengthened by Use of EVV Processes and Data

Fiscal Integrity

- Billing validation.
- Financial accountability.
- Billing and claims record maintenance and retention.

Program Integrity

- Delivery of services in the type, scope, amount, duration, and frequency identified in the person-centered service plan.
- Participant health and welfare.

Quality Improvement Strategies (QIS)

- Administrative Authority – QIS Appendix A.
- Service Plans – QIS Appendix D.
- Financial Accountability – QIS Appendix I.

Potential Benefits from EVV

Service Verification Efficiency

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

Return on Investment

- Reductions in inappropriate billings may lead to improved payment efficiency resulting in state savings and opportunities for investment in other community resources or state initiatives.

Quality of Service Verification and Delivery

- 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.
- Protection of individuals' health and welfare through verification that services were delivered as identified in the service plan.

Fiscal Integrity and EVV

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 to ensure integrity of waiver payments including:
 - Pre-payment and post-payment reviews.
 - Pre-payment controls such as Medicaid Management Information System (MMIS) edits that identify and prevent potential billing errors prior to claims submission.
 - Other automated or electronic solutions such as EVV.

Ensuring Fiscal Integrity in Programs Covered by the Cures Act

- EVV requirements were included in the Cures Act in response to long-standing **fraud, waste, and abuse (FWA) concerns** for Medicaid PCS and HHCS.
- More than 30 reports by the HHS OIG have pertained to PCS.
 - In 2010, the OIG found that nearly one in five PCS claims were undocumented and/or there was no record for billed claims, amounting to **\$63 million in undocumented Medicaid PCS claims that year**.
 - In 2015, cases involving PCS providers accounted for nearly **12 percent of total fraud investigations** – although PCS payments comprised only two percent (about \$13 billion) of total Medicaid expenditures that fiscal year.
- In [2015](#) and [2017](#), CMS issued additional guidance for preventing improper payments for personal care services, citing OIG findings.
- The Congressional Budget Office (CBO) anticipates that EVV will save states \$290 million over a 10-year period.

Billing Validation

Overview of Billing Validation

- Billing validation involves **pre-payment reviews** and other processes designed to ensure that only valid billings are paid to providers and included in the state's claim for federal financial participation.
- Providers' billing for waiver services must meet **four essential tests** for validity:
 - 1) The individual was eligible to receive Medicaid waiver services on the date of service.
 - 2) The service billed was included in the individual's approved service plan.
 - 3) The services were provided.
 - 4) The provider was qualified to render the service.

Billing Validation – First Essential Test

The individual was eligible to receive Medicaid waiver services on the date of service.

- The EVV system is required to capture the **individual receiving** the service and the **date of service delivery**.
 - Integration between an EVV solution and the state's MMIS can automatically compare the individual's eligibility dates with the date of the service.
 - While an EVV solution is not required to assess or determine individual eligibility, the captured date of service can serve as a data source for enforcing service eligibility requirements.

Billing Validation – Second Essential Test

The service billed was included in the individual's approved service plan.

- The EVV system is required to capture the **type of service** delivered.
- Integration between an EVV solution and the individual's service plan and/or prior authorizations can ensure the service billed was both delivered and included in the individual's service plan.
 - Implementing EVV can supplement and/or improve existing processes that determine whether a waiver service was included in the individual's approved service plan.
 - States can also implement pre-payment controls into an EVV solution to prevent billing for services not authorized by the individual's person-centered service plan or for entries beyond the scope, duration, and/or frequency identified by the service plan.

Billing Validation – Third Essential Test

The service was actually provided.

- The EVV system is required to capture the **individual receiving** the service, the **individual providing** the service, the **time** the service begins and ends, and the **location** of the service.
 - These elements inform the third essential test for validating a claim.
- The state can compare EVV records, provider billings, and scheduling information to confirm whether billed services were rendered:
 - For the duration identified on the claim.
 - At the appropriate location.

Billing Validation – Fourth Essential Test

The provider was qualified to render the service.

- States are required to:
 - Ensure beneficiaries have free choice of providers.
 - Establish provider qualifications.
 - Enroll all willing and qualified providers and establish payment for services.
- EVV systems are required to capture the **individual providing the service** and can therefore help states ensure that services are only rendered by qualified providers (i.e., by only allowing qualified providers to access the system).

Improving Billing Validation

Opportunity for EVV to Improve Billing Validation

- The six required data elements collected by an EVV solution can satisfy the four essential tests for billing validation.
 - Through **regular and automatic collection of relevant information**, EVV solutions can assist with confirming that providers' billings are for appropriate service delivery.
 - EVV provides data that a state can use to compare with MMIS records.
- A number of states that have implemented EVV integrate EVV data with their state's MMIS to conduct more robust and reliable pre-payment reviews.

Documentation of EVV in Billing Validation Process

- In Appendix I-2d of the 1915(c) waiver application, states must describe the processes employed to validate provider billings that are included in the state's claim for federal financial participation (pre-payment reviews).

Fiscal Integrity and Financial Accountability

Overview of Financial Accountability

- Financial accountability necessitates a **post-payment review program** to ensure the integrity of provider billings for Medicaid payment.
 - States document this process in Appendix I-1 of their 1915(c) waiver applications.
- A post-payment review is conducted *after* a provider has been paid for rendering services. While pre-payment reviews are critical for discovering and preventing fraudulent claims from being paid, post-payment reviews assist with:
 - Recoupment of inappropriate payments.
 - Discovery of additional cases of FWA.
 - Prevention of future incidents of FWA.

Improving Financial Accountability

Opportunity for EVV to Improve Financial Accountability

An EVV solution can help automate post-payment review processes and allow states to expand the scope and frequency of reviews.

- **Methods:** Post-payment reviews may require compilation and comparison of provider billings and claims, service plans, and progress notes to review billing information.
 - The EVV system can assist with compiling all information relevant to a post-payment review.
- **Scope:** The EVV system can quickly compare and confirm waiver service information. As a result, states may be able to expand the scope of reviews to capture a larger sample of claims.
- **Frequency:** Automatic, regularly scheduled audits may allow for identification of problematic billings in nearly real-time.

Improving Financial Accountability (cont.)

Opportunity for EVV to Improve Financial Accountability (cont.)

States may shift resources due to more expedient and accurate post-payment reviews.

- At least one state has designated a team of auditors to review only manual or edited EVV service entries – those for which a provider entered service delivery information **after** the service instead of logging information at check-in and check-out.
 - This allows the state to focus on billings that are potentially problematic and pose the greatest threat for FWA.
- One state projects savings of nearly \$5 million in the first year of EVV implementation based on increased investigative and post-payment review capacity and a reduction in inappropriate payments.

Records Maintenance and Retention

Overview of Records Maintenance

- Per [42 CFR § 431.17](#), a state plan must provide that the Medicaid agency will maintain or supervise the maintenance of the records necessary for the proper and efficient operation of the plan, including fiscal records.
- In accordance with [45 CFR § 75.361](#), adequate **“records and additional documentation** to support financial accountability must be **maintained, at a minimum, 3 years** from the submission of each CMS-372(S) report” for 1915(c) waiver programs.
 - The audit trail must include sufficient documentation that the service was rendered on the date indicated on the provider claim.
- Without supporting documentation, a state cannot adequately review billings or measure access to and quality of service delivery.

Records Retention

- Appendix I-2e of the 1915(c) waiver application describes applicable federal retention regulations.

Records Maintenance and Fiscal Integrity

Significance of Records Maintenance for Fiscal Integrity

- Maintaining complete and accurate service documentation is an integral part of states' fiscal integrity and quality reporting efforts.
 - Undocumented service claims remain an issue in HCBS resulting in potential overpayments. Audits of State Medicaid programs, described in [this CMS fact sheet](#), identified states' payments of claims without supporting documentation as one of the five most common types of PCS payment issues.
 - Post-payment reviews rely on provider documentation to verify whether billed services were rendered. An EVV system can assist with hosting or integrating progress or service delivery notes for providers.
 - Proper record-keeping and maintenance can also assist states with proactively identifying potential quality of care issues and ease administrative responsibilities **relating to CMS quality requirements.**

Improving Records Maintenance

Opportunity for EVV to Improve Records Development and Retention

- EVV can help expedite the generation of records by electronically capturing the six required data elements at the point of service.
- EVV can also assist with records retention to support states and providers in complying with federal records retention regulations.
- For both maintenance and creation of records, an EVV solution can **reduce the burden** and **minimize errors** involved with administrative processes, including:
 - Development of provider billings, claims, and other records.
 - Retention of records.
 - Review of records.

Quality Improvement Strategies in Waiver Program Oversight

As discussed in this section, states conduct oversight of 1915(c) waiver programs through a variety of mechanisms.

QIS Appendix A: Administrative Authority

- Records maintenance may be a function of administrative oversight by the State Medicaid Agency.
- In Appendix A, QIS, of the 1915(c) waiver application, states are required to provide assurance that the Medicaid agency retains oversight responsibility of waiver functions and operations. This includes functions related to fiscal integrity (e.g., managing waiver expenditures against approved levels, prior authorization, etc.).
 - At least one state currently assesses the **timeliness of record submissions or data transfers from the EVV vendor(s)** and the **quality of operations by the EVV vendor(s)** through Appendix A QIS performance measures.

Quality Improvement Strategies in Oversight of Fiscal Integrity

QIS Appendix I: Financial Accountability

- Pre-payment and post-payment reviews, among other processes, allow the state to verify the appropriateness of provider billings. These processes may be improved by the application of EVV, as discussed.
- Financial accountability quality improvement strategies related to Appendix I of the 1915(c) waiver application assess the **appropriateness of payments**, and may also be improved through incorporation of EVV data.
 - Integration of an EVV system with a state's MMIS and provider payments may allow the state to confirm that reimbursements to providers followed the approved rate methodologies outlined in Appendix I-2a of the 1915(c) application.

Quality Improvement Strategies in Oversight of Fiscal Integrity (cont.)

- In Appendix I, QIS, of the 1915(c) waiver application, states are required to provide assurance that the Medicaid agency and/or operating agency, if applicable, are accountable for payments made under the waiver program.
 - At least two states currently cite EVV data as the source for their assessment of compliance with this assurance.
 - EVV therefore can enhance the billing validation process as well as provide evidence that the state is compliant with the above assurance.
 - States will likely need additional data sources and performance measures to assess the accountability of payments made for services which are not subject to EVV.

Program Integrity and EVV

Program Integrity in 1915(c) Waiver Programs

Program Integrity

- Assurance that “federal and state taxpayer dollars are spent appropriately on delivering quality, necessary care” including that “services provided to enrollees are medically necessary and appropriate.” – [Medicaid and CHIP Payment and Access Commission](#).
- [Section 1915\(c\) of the Social Security Act](#) requires that states’ programs **ensure services follow an individualized and person-centered plan of care** and **ensure the protection of individuals’ health and welfare**, among other conditions.
- States may monitor integrity of service delivery and individual health and welfare in a variety of ways, including:
 - Oversight of person-centered service plans.
 - Critical incident management and remediation.

States may also use data gathered through their EVV system(s) to assess **Quality Improvement Strategies (QIS)** for service delivery in **QIS Appendix D – Service Plan**.

Service Delivery Oversight

Overview of Service Delivery Oversight

- Participants in 1915(c) waiver programs develop person-centered service plans with their care managers and update those plans annually or when changes in their health or goals require such an update.
- Oversight of service delivery includes processes which confirm services are delivered according to the **parameters specified in the person-centered service plan**, including the:
 - **Type** – Which service is the participant receiving?
 - **Scope** – What level of this service does the participant require, and what activities are included in this service?
 - **Amount** – How many units of this service is the participant receiving?
 - **Duration** – For how long is the participant receiving this service?
 - **Frequency** – How often is the participant receiving this service?

Improving Service Delivery

Opportunity for EVV to Improve Oversight of Service Delivery

- As detailed in the billing validation section, the Cures Act mandates that compliant EVV systems collect six specific data elements. These align with the parameters which inform appropriate service delivery per Appendix D of the 1915(c) application.
 - Type, amount, duration, and frequency are captured explicitly. EVV may be used to identify instances where individuals are *not* receiving necessary services.
 - Scope of services may be captured by integrating the EVV solution with service notes – many states have allowed providers to enter notes directly through the EVV system.
 - Satisfaction surveys, which some states have included in the EVV system, may inform whether service plans address participants' needs and goals.
- Because EVV **verifies** that services are delivered appropriately, the use of these systems in overseeing service delivery may give states an additional check that participants are actually receiving the services they need.

Quality Improvement Strategies in Oversight of Program Integrity

As previously discussed in this section, states can enhance program integrity efforts for 1915(c) programs through a variety of mechanisms.

QIS Appendix D: Service Plan

- States can use data captured by EVV solutions as part of efforts to measure compliance with quality requirements relating to service delivery.
- Appendix D of the 1915(c) application allows states to document performance measures that monitor the appropriateness of service delivery.
 - At least two states currently use their EVV system as a data source for assessing compliance with performance measures in QIS Appendix D, such as the percentage of waiver participants whose services are delivered appropriately.

Accurate Service Delivery and Participant Health and Welfare

Effective oversight of service delivery enhances the health and welfare of participants.

- The manner in which services are delivered may also impact participants' health and outcomes.



Participant Health and Welfare

Overview of Participant Health and Welfare

- States must assure the health and welfare of participants receiving services through 1915(c) waivers. Specifically, states must:
 - Ensure participants receive the services deemed necessary to fulfill their needs and goals per their person-centered service plans.
 - Mitigate the risk to participants' well-being through effective resolution and prevention of incidents.
- EVV may assist with a state's efforts to ensure and improve participants' health and welfare through:
 - Confirming services are delivered as necessary and appropriate.
 - Providing data points that inform the investigation and remediation of critical incidents.

Critical Incident Management Systems

States typically track and manage critical incidents through an incident management system, which may be unique to a 1915(c) waiver or uniform across a state's waiver programs.

Significance of an Effective Incident Management System

A robust incident management system will:

- **Standardize** what incidents are and how incident reports are collected.
- **Prioritize** which incidents need to be investigated and resolved.
- **Identify, track, trend, and prevent** critical incidents.

An effective system will be able to track and trend incidents to assist state staff in monitoring, investigating, remediating, and preventing the occurrence of critical incidents involving and affecting waiver participants.

Improving Incident Management with EVV

*“Reporting critical incidents plays an important role in a quality oversight program, and we believe that it is necessary to ensure that an approach to incident management is not perceived as punitive, but instead as an **opportunity to help make quality oversight systems stronger.**” – [Center for Medicaid and CHIP Services Informational Bulletin from June 2018.](#)*

Opportunity for EVV to Improve Incident Management

- EVV systems may include functionality that allows providers or individuals to electronically report incidents to the appropriate entity, which may help ensure timeliness of report filing.
 - Expedited, easier filing of reports enhances the state’s ability to track incidents and ensure proper follow-up.

Documentation of EVV in Incident Management Process

- In Appendix G-1b of the 1915(c) waiver application, states must describe the definitions and requirements for reporting critical incidents. States may use this space or Appendix G-1e, Responsibility for Oversight of Critical Incidents and Events, to describe the role of EVV in the incident management process.

Improving Incident Investigation and Remediation with EVV

Opportunity for EVV to Improve Incident Investigation and Remediation

- **Data collected and verified electronically may provide evidence for an investigation of a critical incident.** For example, an investigator may find fraudulent billing when a provider has submitted claims for two participants in different locations at the same time, or may find negligence when a provider has submitted a claim for a service never verified.
- **Caregivers may use an EVV system to monitor follow-up and remediation of incidents.** If a service plan changes due to a change in the participant's needs following a critical incident, the EVV system should capture pertinent updates and verify the implementation of necessary changes in service delivery.

Documentation of EVV in Incident Investigation Process

- In Appendix G-1d of the 1915(c) waiver application, states must describe the requirements and responsibilities for reviewing and responding to critical incidents. States may use this space or Appendix G-1e, Responsibility for Oversight of Critical Incidents and Events, to describe the role of EVV in the incident investigation and resolution process.

Considerations for Incorporating EVV into Waiver Program Integrity Efforts

Considerations for Incorporating EVV in 1915(c) Waiver Programs

Incorporating EVV into quality and monitoring processes allows states to improve existing fiscal and program integrity efforts.

States should consider:

- Leveraging the six data elements required by the Cures Act.
 - States should consider using the EVV platform to improve oversight and quality reporting by collecting required data and, when possible and appropriate, additional information which may inform quality efforts.
- Utilizing your state's Transformed Medicaid Statistical Information System (T-MSIS) reporting data.
 - States should consider using the T-MSIS data elements reported by your state that capture EVV relevant data elements.
- Integrating EVV systems with other state systems and processes.
 - States should make an effort to integrate EVV systems with existing systems and data such as MMIS, prior authorization, eligibility, and person-centered service plan data.

T-MSIS: Transformed Medicaid Statistical Information System

The **Transformed Medicaid Statistical Information System (T-MSIS)** captures monthly state reporting of Medicaid and CHIP operational data.

- T-MSIS is the operational data of Medicaid and CHIP Business Information Solution (MACBIS).
- The T-MSIS data set contains Medicaid and CHIP:
 - Beneficiary eligibility and enrollment.
 - Service utilization, cost and payment.
 - Service delivery models.
 - Provider demographics.
 - Managed care plan demographics.

Relationship Between the EVV Data Elements and the Data in T-MSIS

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.

T-MSIS state reporting includes many related EVV data elements.

EVV Related Reporting in T-MSIS

*** Current, high quality, robust Medicaid data is a critical CMS priority ***

T-MSIS data elements relating to the provider & service delivery:

Description	T-MSIS Data Elements
Type of Service Delivered	TYPE-OF-SERVICE XIX-MBESCBES-CATEGORY-OF-SERVICE XXI-MBESCBES-CATEGORY-OF-SERVICE HCBS-TAXONOMY PROGRAM-TYPE OT-RX-CLAIM-QUANTITY-ACTUAL OT-RX-CLAIM-QUANTITY-ALLOWED
Individual Receiving the Service	MSIS-IDENTIFICATION-NUM
Date of Service	BEGINNING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE
Location of the Service Delivery	PLACE-OF-SERVICE (home, other)

EVV Related Reporting in T-MSIS (cont.)

*** Current, high quality, robust Medicaid data is a critical CMS priority ***

T-MSIS data elements relating to the provider & service delivery:

Description	T-MSIS Data Elements
Personal Care Provider Agency	BILLING-PROV-NUM BILLING-PROV-NPI-NUM
Direct Service Provider	SERVICING-PROV-NUM SERVICING-PROV-NPI-NUM
The Affiliation Between Direct Service Provider and his/her Agency	PROV-AFFILIATED-GROUPS segment in the T-MSIS Provider Record
Every direct service worker and every agency must have a separate record and a (Unique Provider ID) in the T-MSIS Provider File	SUBMITTING-STATE-PROV-ID

Integrating EVV with Other Solutions

Integrating EVV systems with other state systems and processes

- Integrating EVV systems with states' other monitoring and data systems provides opportunities for enhanced oversight and analysis.
 - **Claims and MMIS:** Systems can interface with MMIS to streamline submission of claims to the appropriate payer.
 - **Fraud, Waste, and Abuse:** Systems can interface with existing processes combating FWA by providing real-time electronic data that confirms delivery of services as billed. States may subject manually-entered data for additional review.
 - **Prior Authorizations:** Systems can interface with authorizations and service plans so that providers can only bill for services at the planned time and in the specified type, scope, amount, duration, and frequency identified in the individual's approved person-centered service plan.
- States may find that integrating EVV into other technical systems and processes enhances the state's administrative and oversight effectiveness.

Summary

- Implementing EVV for PCS and HHCS is a mandatory requirement of the Cures Act.
- States will find that beyond compliance with the Cures Act, implementation of a robust EVV solution can help promote integrity of their 1915(c) HCBS waiver programs in a number of areas.
- Operation of an EVV solution can improve the accuracy, efficiency, and quality of service verification and delivery, helping states achieve better health and improved participant outcomes.
- EVV can yield valuable data in demonstrating compliance with various quality improvement assurances.

Additional Resources

- Copies of the HCBS Training Series – Webinars presented during Medicaid Monthly Update calls are located at the link below:
<https://www.medicaid.gov/medicaid/hcbs/training/index.html>
- The 1915(c) Technical Guide is located here:
<https://www.nasdds.org/uploads/documents/Version3.6InstructionsJan2019.pdf>
- CMS offers Technical Assistance (TA) for rates and fiscal integrity topics as well as for electronic visit verification. Refer to the websites below for more information.
 - Rates TA: <https://www.medicaid.gov/medicaid/hcbs/downloads/technical-assistance/hcbs-rates-and-fiscal-integrity-ta.pdf>
 - EVV TA: <https://www.medicaid.gov/medicaid/hcbs/downloads/technical-assistance/evv-ta.pdf>
 - Note that Technical Assistance requests require State Medicaid Director approval upon submission.

Additional Resources on EVV

Refer to **CMS guidance** for additional information regarding electronic visit verification:

- [CMCS Informational Bulletin](#) from August 2019.
- [Good Faith Effort Request Form](#) from May 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.

References

- [Combating Waste, Fraud, and Abuse in Medicaid's Personal Care Services Program](#) before the House Subcommittee on Energy and Commerce in May 2017.
- [Preventing Medicaid Improper Payments for Personal Care Services](#) from CMS in November 2017.
- [Medicaid Fraud Control Units: Investigation and Prosecution of Fraud and Beneficiary Abuse in Medicaid Personal Care Services](#) from the Health and Human Services Office of Inspector General in December 2017.
- [Electronic Visit Verification Implications for States, Providers, and Medicaid Participants](#) from the National Association of States United for Aging and Disabilities in May 2018.
- [Health and Welfare of Home and Community Based Services \(HCBS\) Waiver Recipients CMCS Informational Bulletin](#) from the Center for Medicaid and CHIP Services in June 2018.

Questions?

For Further Information

For further information, contact:

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