



Electronic Visit Verification

Agenda

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Background

Why?

As part of the Federal 21st Century Cures Act the Center for Medicare and Medicaid Services (CMS) is requiring states to implement an Electronic Visit Verification (EVV) system for Personal Care and Home Health Care services.

What?

Electronic Visit Verification (EVV) is beneficiary, client or participant validation of the day, time, location and type of personal care or home health care services provided.

Who?

Beneficiaries, Clients, Participants and Providers involved in the Personal Care or Home Health Care programs.

When?

The Cures Act requires States to implement EVV by January 1, 2020 for Personal Care services and January 1, 2023 for Home Health Care services.

What is the 21st Century Cures Act?

In December 2016, a federal law called the 21st Century Cures Act was passed. Part of that law requires states to implement an Electronic Visit Verification (EVV) system.

The EVV system is designed to:

- Improve individual management and oversight of services.
- Enhance self-direction of services
- Improve the prevention of fraud, waste and abuse.

Electronic Visit Verification (EVV)

An Electronic Visit Verification system must verify the following information:

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

EVV does NOT apply to congregate residential settings where 24 hour service is available (such as group homes, assisted living facilities).

Personal Care Services Defined

- As defined in the May 16, 2018 CMS Informational [Bulletin and FAQ](#):
 - Activities of Daily Living (ADLs), such as bathing, dressing, toileting, mobility and grooming.
 - Instrumental Activities of Daily Living (IADLs), such as meal preparation, shopping, laundry and housekeeping.
- Clarification from CMS is still needed on multiple EVV guidelines. (i.e., caregivers who live with their clients)

Home Health Care Services Defined

- As defined in the May 16, 2018 CMS Informational [Bulletin and FAQ](#):
 - Defines home health services for purposes of the EVV requirement to mean “services described in section 1905(a)(7) provided under a state plan under this title (or under a waiver of the plan).” Therefore, any home health services that the state has opted to cover under the state plan or under a waiver of the plan, and that require an in-home visit, would be subject to the EVV requirement.
- Home Health covered services for Michigan Medicaid are defined in the [Michigan Medicaid Provider Manual](#), Home Health chapter.

Programs Impacted

Beneficiaries, Clients, Participants, and providers in any of the following programs will be impacted and required to use EVV.

- Home Help
- Home Health
- Children's Waiver *
- Habilitation Supports Waiver *
- Waiver for Children with Serious Emotional Disturbances *
- MI Choice Waiver
- MI Health Link

* These programs provide Behavioral Health Community Living Supports services.

When will EVV be implemented?

The Cures Act requires states to implement an EVV system by:

- January 1, 2020 for Personal Care Services (PCS)
- January 1, 2023 for Home Health Care Services (HHCS)

MDHHS EVV Efforts

- Completing surveys to get an idea of EVV awareness and technology capabilities.
- Researching what other states are doing to meet EVV requirements as part of the Cures act.
- Evaluating the state's existing vendor relationships to determine if there are similar resources for EVV.
- Researching types of devices used to collect EVV data.

MDHHS has made the following determinations regarding an EVV system for Michigan:

- Our system will be an open vendor model which is a hybrid model, meaning that the department will develop an EVV product based on existing functionality of the Medicaid claims system that will be available to providers but will also accept input from systems that providers might already have in place.

Next Steps

At this time, MDHHS advises, no action is needed by providers or agencies.

We will be reaching out to stakeholders for input into what types of systems might be currently in place, how such a system might best be structured, and how an EVV system can best be implemented.

Resources

- CMS Cures Act EVV Informational Bulletin and FAQ: <https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>.
- CMS Cures Act EVV Training: <https://www.medicaid.gov/medicaid/hcbs/downloads/training/evv-presentation-part-1.pdf>
- Listserv Instructions: https://www.michigan.gov/documents/LISTSERV_127789_7.pdf
- MDHHS EVV website: www.Michigan.gov/EVV
 - Email: MDHHS-EVV@Michigan.gov

Questions?

MDHHS EVV Website

Walk-through:

- www.Michigan.gov/Evv

Questions & Discussion

Guidelines for discussion:

- Keep a positive atmosphere
- Respect each other's opinions and statements
- Webinar/Call-in guidelines

Parking Lot Items:

- Rates and reimbursements
- Open/ongoing policies/prior auth/program specific issues
- Detailed Champs Provider Enrollment questions

1. What is your number one question about the Michigan Department of Health and Human Services (MDHHS) implementing the federal requirement of EVV?

2. How can MDHHS best support Managed Care Organization's (MCO) in EVV compliance?

3. What would you include in the development of MDHHS' EVV system?

4. MDHHS is looking into using Interactive Voice Response (IVR), Smart technology (smart phones, tablets, or computers) along with tokens for implementing our EVV system. What would be some of the disadvantages that would hinder you or your providers from using one of these options?

5. What kind of contract changes are the MCOs considering related to EVV for downstream providers?

Organizations with an EVV system

- A. Can you share the basic process of how EVV works?
- B. What was the easiest and hardest thing about implementing your EVV system?
- C. What is one thing you wish you could change about how your current EVV system works?
- D. How do you handle ongoing training for new employees to get familiar with your EVV system?
- E. How did EVV change your day to day business or what impact did it have on clients?
- F. What types of contract changes with your provider network were made or needed when implementing your EVV system?