Electronic Visit Verification (EVV)

Home Health Care Services (HHCS)

Overview

- 21st Century Cures Act
- What is EVV
- Home Health Care Services (HHCS) Implementation
- NYS Data Aggregator
- Next Steps

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21st Century Cures Act

- Signed into federal law in December 2016: [Public Law 114–255, Section 12006(a)(4)(B)](#)

- Mandated that states implement EVV for all Medicaid-funded personal care services (PCS) and home health care services (HHCS) that involve an in-home visit by a provider
  - Required states to use EVV for Medicaid-funded PCS by January 1, 2020 (or by January 1, 2021, with an approved one-year good faith effort (GFE) exemption request)
  - Requires states to use EVV for Medicaid-funded HHCS by January 1, 2023

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What is EVV?

EVV uses technology to electronically collect the six data points identified in the 21st Century Cures Act:

Service type

Location of service delivery

Individual receiving the service

Individual providing the service

Date of service

Begin and end time of the service

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Goals and Benefits

- Ensure that Medicaid consumers are receiving the care and services included in their person-centered care plan

- Provide real-time service gap reporting and monitoring

- Reduce administrative burden of paper service verification documents

- Increase payment accuracy and reduce errors in billing

- Ensure program integrity

- Help prevent fraud, waste, and abuse

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EVV in New York State

- Providers of **Medicaid-funded PCS** implemented EVV on January 1, 2021
- The **Office of the Medicaid Inspector General (OMIG)** also requires home health agencies and personal care providers exceeding $15M in Medicaid fee-for-service and/or Medicaid Managed Care reimbursements to contract with a **Verification Organization (VO)**
  - VOs are required to perform pre-claim reviews of claims data collected in EVV systems
- Prior to the Cures Act, home care vendor agencies who contracted with the **NYC Human Resources Administration (HRA)** and provided home attendant services, housekeeping services, and CDPAP services used EVV

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Provider Choice Model

CMS offered five EVV models and New York selected the **Provider Choice Model**.

Under the Provider Choice Model, providers have the opportunity to implement an EVV system that best meets the needs of the recipients they serve and that is best suited to meet their individual administrative needs. It also preserves current investments in EVV systems.

There are a range of approaches and options employed in various solutions that provide choice, flexibility, and options for meeting federal requirements.

- Most solutions offer:
    - Multiple methods of collecting EVV data.
    - Accessibility and accommodations for the blind or visually impaired.
    - Options to accommodate diverse provider types to support stakeholders in both urban and rural environments with cellular, wi-fi, or other coverage challenges.

Any EVV system that a provider chooses must meet the requirements of the 21st Century Cures Act and be able to submit data to New York's aggregator for reporting and auditing purposes.

January 2022

Previous Stakeholder Engagement

May 2019	EVV Readiness Survey released
May 2019 – July 2019	Regional Listening Sessions and Webinars • Eight in-person sessions and two webinars • Sessions were recorded and are on NYSDOH's EVV website
October 2019	EVV Stakeholder Convening Report published, providing a summary of the feedback received at the Regional Listening Sessions and Webinars
October 2019 – November 2019	EVV Request for Information (RFI) issued • NYSDOH received responses from 29 vendors, and 13 vendors gave demonstrations of their systems in November 2019 • The Summary of Responses and Path for Implementing EVV provides information on the RFI response information
April 2020 – January 2021	Technical Assistance calls held

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Impacted Services In New York

CMS requires HHCS services provided under the 1905(a)(7) State Plan Home Health Services and 1115 Demonstrations for EVV. All Medicaid-funded HHCS that begin or end in the home and include activities of daily living (ADL) or instrumental activities of daily living (IADL) must use EVV by January 1, 2023. Home health care services are provided in the patient's home to promote, maintain, or restore health or lessen the effects of illness and disability. Services may include nursing care, speech, physical and occupational therapies, home health aide services and personal care services.

Impacted Services in NYS

- CHHA Episodic Codes

- CHHA Pediatric Codes

- Home Health Aide (HHA)

- Nursing Services

- Home Health Care Services (HHCS)

A draft list of HHCS codes are available on the EVV website for comment and review.

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Data Collection Options

The Provider Choice Model allows providers and fiscal intermediaries (FI) to utilize multiple methods of collecting EVV data (i.e., home phone number, fob, or GPS-enabled mobile application).

Telephone	**Mobile Application**	**Fixed Object (FOB)**
Telephone calls can be used to capture service period and verify location	Apps can be downloaded and used to capture service period and verify location	In-home devices can be used to capture service period and verify location

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Aggregator

New York utilizes eMedNY, the State's Medicaid Management Information System (MMIS), to house the EVV aggregator and facilitate collection of EVV data.

The EVV Aggregator will enable providers to easily and securely transmit EVV data to eMedNY which will be sent to the Medicaid Data Warehouse (MDW) for analysis. Collecting and aggregating this EVV data is a necessary step for New York state to achieve compliance with the 21st Century Cures Act (the Cures Act) and avoid Federal Medical Assistance Percentages (FMAP) penalties. Ultimately, the data stored will be mapped to claims and encounters which will provide new fraud, waste, and abuse detection capabilities.

Current Aggregator Data Requirements

- In keeping with the Cures Act requirement to implement EVV in a way that is "minimally burdensome," and in response to concerns from stakeholders regarding privacy and self-direction, **only the minimum set of EVV data elements necessary to meet the obligations under the Cures Act** has been aggregated since the initial implementation. Going forward, NYSDOH will assess all EVV requirements and may, as a result, modify data aggregation to support initiatives to improve quality and access to services.

- See the [Interface Control Document (ICD)](#) for the anatomy of the API and EVV record structure

- The ICD describes the relationship between eMedNY and EVV submitters and specifies the requirements of both participating systems

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Required Data Elements

Category	Element	
Visit Object	Transaction ID Member ID Member Date of Birth Provider Name NPI Provider ID Taxpayer ID Provider Address Provider Rate Code Caregiver ID	Procedure Code Procedure Code Modifier Service Start Date Time Service End Date Time Service Start Location Service End Location Service Provider First Name Service Provider Last Name Service Provider Phone Number
Address Object	Address Line 1 Address Line 2 City State Zip	
Submitter ID	Submitter ID	

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Considerations for Selecting an EVV System – Part I

- Selected systems must comply with the 21st Century Cures Act requirements. **Providers are responsible for reviewing the Cures Act** and making sure that they select systems that comply.

- **NYSDOH will not endorse, approve, or recommend EVV systems** or provide a list of systems from which providers must select.

- Entities already using an EVV system are not required to find or use a new EVV system as long as it meets the NYS and Cures Act requirements.

- Providers are responsible for ensuring that selected systems **meet privacy and security rules and laws**.

- Providers are advised to select systems with **flexible interfaces**. Systems should be capable of submitting required elements to the aggregator, interoperating with claims submission functions, and adapting to any future federal or state EVV policies.

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Considerations for Selecting an EVV System – Part II

- Selected systems must have the ability to enter visit information in an offline mode when there is inadequate network capacity or any other technical disruption. The system must then enable upload of the visit information upon return of connectivity.

- New York does not collect EVV data in the following formats:
  - GPS coordinates
  - Geofencing
  - Facial Recognition
  - Biometrics

- EVV systems should retain and back up data in keeping with all standard **Medicaid Audit data retention requirements** (7 years).

- All EVV systems **must be accessible** for input or service delivery 24/7.

- Providers cannot opt out of submitting EVV data.

Provider Next Steps

- Review the applicable billing codes and other policy documents on the EVV website
- If applicable, enroll in eMedNY
- Select and implement an EVV solution
- Test your solution with New York's aggregator
- Complete and electronically sign the EVV Attestation on the eMedNY EVV Page
- Review EVV training requirements
- Collect EVV data related to all Medicaid-funded home health care services
- Submit production data to the aggregator

Final date for providers to implement EVV for HHCS:

December 31, 2022

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NYS EVV Listserv Email
- listserv@listserv.health.state.ny.us
  Please include the following in your email sign-up request:
  SUBSCRIBE EVV-L YourFirstName YourLastName

NYS DOH EVV Website
- https://www.health.ny.gov/evv