

Electronic Visit Verification

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21st Century Cures Act

- Requires EVV to be used for any Medicaid-funded personal care services provided on or after January 1, 2019 for states to maintain full federal match
 - Applies to all waiver and state plan personal care services
- If a state chooses not to implement EVV in its Medicaid-funded personal care, it will face an FMAP reduction beginning in 2019
 - FMAP reduction will increase each year (up to 1% by 2023)
- EVV must be used for all Medicaid-funded home health services by January 1, 2023, or a state will face a similar loss to its federal match

Federal funding

The Cures Act provides:

- 90% federal funding to states for costs relating to the design, development, or installation of an EVV system
- 75% federal funding for the costs of system operation and maintenance

Scope of services

By January 1, 2019, EVV is required for personal care services which include:

- personal care assistance service
- community first services and support
- home and community based services that provide support for activities of daily living or instrumental activities of daily living.

By January 1, 2023, EVV is required for home health services which include services provided by home health agencies and medical supplies and equipment providers.

CMS is to provide additional guidance to states on the scope of services required to be electronically verified by the 21st Century Cures Act

EVV system elements

Electronic visit verification system must verify:

1. Type of service performed
2. Who received the service
3. Date of service
4. Location of service delivery
5. Who provided the service
6. When the service begins and ends

Key features of recommended hybrid model

- Providers have an option between
 - State-purchased EVV system, or
 - An alternative EVV system that meets minimum requirements
- Providers select an EVV system that works best for their business, while maintaining accountability to the state by submitting data to an aggregator
- Cost-sharing mechanisms are developed to support providers in meeting this new requirement, including the costs of ongoing use and maintenance

Key features of data aggregator

- Third-party data aggregator is selected through a Request for Proposals (RFP)
- Compiles data statewide regardless of EVV system selected
- Supports post-payment review of claims for personal care services and home health services subject to EVV

Key legislative principles

DHS must ensure that the EVV system:

- is minimally administratively and financially burdensome to a provider;
- is minimally burdensome to the service recipient and the least disruptive to the service recipient in receiving and maintaining allowed services;
- considers existing best practices and use of electronic visit verification;
- is conducted according to all state and federal laws;

2017 Minnesota Session Laws, 1st Special Session, Chapter 6, Article 3, Section 49

Stakeholder feedback

People who use services, providers of services and workers recommended a successful EVV system:

- be as mobile as the people using it and support individuals to get services wherever the person lives his/her life
- avoid rigid scheduling rules, allowing for ease of schedule changes based on the person's needs
- have flexibility and adaptability related to internet access or mobile devices, able to accommodate limited or no internet access where personal care service is delivered
- be easy to use regardless of language or ability
- minimize privacy intrusion including those created by collecting the location of service delivery

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Considerations for next steps

To successfully implement EVV by 2019, DHS recommends:

- continued engagement with people who use services and service providers
- development of cost-sharing mechanisms to support providers in meeting this new requirement, including the costs of ongoing use and maintenance
- through a request for proposal process:
 - solicit and contract with a vendor for an EVV system that providers may select to use
 - Solicit and contract for third party data aggregator for use by all providers using an EVV system

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Thank You!

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