

Is Your State Prepared to Meet The 21st Century Cures Electronic Visit Verification (EVV) Mandate?

Section 12006 of the 21st Century Cures Act directs States to require an Electronic Visit Verification (EVV) system for Medicaid-funded personal care services. States have until January 1, 2019 to put requirements in place or they risk losing FMAP funding.

Under the new mandate, the EVV system must verify the following:

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

To date, 14 states have met this requirement. Some states and Managed Care Organizations (MCOs) require all providers to use a specific EVV system. This is called a “closed model,” and it puts significant burden on the states, providers, and caregivers.

Based on the significant issues with closed system implementations, the Partnership for Medicaid Home-Based Care (PMHC) is not a proponent of a closed system. Instead, our alliance of providers, payers, EVV vendors, and associations asks states to implement an open model system in meeting the EVV mandate.

EVV Open Model Overview

The open model is a hybrid approach in which the state sets the standards for EVV, and providers and MCOs may either use their existing EVV system or choose one that best meets their needs. The state utilizes a vendor-agnostic aggregator system to take in data from all EVV systems and apply standard business rules to ensure visits are properly verified. The aggregator system also generates alerts as needed and provides comprehensive oversight of the entire program.

EVV Open Model Benefits

Open models offer critical **flexibility** for providers and MCOs while ensuring **quality** and **accountability** for the state. Other benefits of an open model include:

- Allows providers to select the EVV system that works best for them
- Allows providers to manage the implementation and technology at the consumer point of care
- Promotes innovation and competition on quality as technology advances
- Lowers state costs on procurement and implementation
- Eliminates state involvement in systems issues and enhancements
- Promotes network buy-in
- Meets requirements for full federal matching
- Provides states with a single, uniform source of EVV data and network management tools
- Allows states to focus on data evaluation versus data capture

PMHC members represent the largest providers, MCOs, and EVV vendors serving the elderly and disabled with personal care services. **PMHC strongly encourages states to adopt open model systems in meeting the EVV requirements of the 21st Century Cures Act.**

Partnership for Medicaid Home-Based Care Members

Addus HomeCare, Inc., All Metro Health Care, Anthem, BAYADA Home Health Care, CareCentrix, Caring Associates, Inc., CellTrak Technologies, Inc., Centene Corporation, Consumer Direct Care Network, Council of State Home Care Associations, HHAeXchange, Home Care Association of America, Interim HealthCare Inc., LHC Group, Inc., Molina Healthcare, Inc., ResCare Home Care, Sandata, Sutter Care at Home, VNA Health Group, WellCare Health Plans