



OPERATIONAL MEMO

TITLE:	ELECTRONIC VISIT VERIFICATION (EVV) COMPLIANCE TIMELINE
SUPERSEDES NUMBER:	HCPF OM 20-012
EFFECTIVE DATE:	AUGUST 3, 2020
DIVISION AND OFFICE:	BENEFITS & SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING; BENEFITS AND SERVICES DIVISION, HEALTH PROGRAMS OFFICE
PROGRAM AREA:	ELECTRONIC VISIT VERIFICATION
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Purpose and Audience:

This Operational Memo informs Electronic Visit Verification (EVV) Stakeholders of the implementation timeline, how the Colorado Department of Health Care Policy and Finance (the Department) will enforce implementation, and resources available for providers using EVV.

Information:

EVV is an electronic system which verifies that home or community-based service visits occur by documenting six points of data:

- Type of Service
- Date of Service
- Location of Service
- Individual Receiving the Service
- Individual Providing the Service
- Time the Service Begins and Ends

To determine if your agency will be required to use EVV, please review the EVV Types of Service – Service Code Inclusion document located on the [EVV website](#), under [Resources](#).

The Department has integrated stakeholder input into every aspect of creating and implementing the EVV program. The Department is now focused on assuring an administratively smooth transition for providers beginning to use EVV for all appropriate services.

EVV has been available for use since fall 2019. The Department built and made available the State EVV Solution and allowed providers to use Provider Choice Systems to submit EVV records beginning on October 1, 2019. This allowed providers to become early adopters, participating in the EVV Soft-Launch period.

Beginning on August 3, 2020, the use of EVV will be mandated by Colorado Code of Regulation. As required by the [21st Century Cures Act](#) and according to the plan approved by the Colorado Joint Budget Committee, on January 1, 2021, all claims requiring the use of EVV will encounter a pre-payment review process. Claims without corresponding EVV records will deny during claims adjudication.

EVV Compliance

The Department is implementing a tiered implementation strategy to familiarize providers with the use of EVV before incorporating claims adjudication to minimize long-term administrative burden and reduce the financial impact when claims require EVV records on January 1, 2021. The Department advises providers of the following stages of EVV implementation:

August 3, 2020 – Compliance Monitoring:

- The EVV Rule (10 CCR 2505-10 8.001.3.E.1.a) states: “Providers that fail to comply with this rule after August 3, 2020, may be subject to Compliance Monitoring and a Request for Written Response in accordance with Section 8.076.”
- Beginning August 3, 2020, all claims submitted to the Department that require EVV records will be reviewed for corresponding EVV.
- Providers that are not using EVV after August 3, 2020, must submit a written plan to the Department outlining their intent to utilize EVV and when compliance is expected.

October 1, 2020 – Over-Payment Review:

- The EVV Rule (10 CCR 2505-10 8.001.3.E.1.b) states: “Providers that fail to comply with this rule after October 1, 2020, may be subject to Compliance Monitoring, Request for Written Response, or Overpayment Recovery.”
- Beginning October 1, 2020, in addition to the August 3, 2020 enforcement requirements, all claims submitted to the Department that require EVV records will be reviewed for corresponding EVV.
- All claims subject to EVV requirements will pay initially, even if no EVV record is on file to match to the claim.
- Paid claims that do not have valid matching EVV records may be subject to Department review and recoupment as Over-Payment Recovery.

January 1, 2021 – Pre-Payment Claim Adjudication:

- The EVV Rule (10 CCR 2505-10 8.001.3.E.1.c) states: “Providers that fail to comply with this rule after January 1, 2021, may be subject to Compliance Monitoring, Request for Written Response, Overpayment Recovery, Denial of Claims, Suspension, Termination, or Nonrenewal of their Colorado Medicaid Provider Agreement in accordance with Section 8.076.”
- Beginning January 1, 2021, in addition to the October 1, 2020, enforcement, all claims submitted to the Department that require EVV records must be matched to valid EVV records to pay.
- *Due to the unique federally-mandated payment structure for Hospice services, Hospice services are exempt from Pre-Payment Claim Adjudication. Hospice services are subject to Compliance Monitoring and Over-Payment Review only.*

EVV User Support

The Department has implemented multiple supports for caregivers and providers to begin using EVV successfully. The EVV Website (www.colorado.gov/hcpf/evv) is the primary source of information for the EVV program, and stakeholders are advised of the following resources:

- State EVV Solution interim option: If a Provider Choice System is not fully interfacing with Sandata to transmit EVV records to the Department, providers may use the State EVV Solution until the interface is complete to ensure

compliance. If a Provider Choice system will not be fully interfaced with Sandata before January 1, 2021, the State EVV Solution interim option may be used to ensure no interruption in payments. Providers will not be exempt from using EVV while going through the interface process with Sandata. Providers can only use one system (either the State EVV Solution or their Provider Choice System) at a time. Providers may switch from using the State EVV Solution to the Provider Choice System when they are ready; there is no time limit for using the State EVV Solution. Providers must notify Sandata of the transition and complete all necessary training to use the State EVV Solution or Data Aggregator view for Provider Choice Systems.

- Switching to a different EVV vendor: Providers may switch to a different EVV vendor, to the State EVV Solution, or away from the State EVV Solution at any time for any reason. Providers must notify Sandata of the transition, ensure proper interfacing, and complete all necessary training to use the State EVV Solution or Date Aggregator view for Provider Choice systems.
- CDASS vendor switching: Each Financial Management Service (FMS) vendor is utilizing a Provider Choice System. If a CDASS member or their authorized representative, would like to utilize a different EVV system, they may change FMS vendors during quarterly open enrollment periods.
- Implementation coaching: Providers at any stage of their EVV program implementation are encouraged to reach out to the Sandata Help Desk phone (855-871-8780) or email (cocustomercare@sandata.com) for all State EVV Solution and Aggregator usage questions. Interfacing support is available directly by phone (844-289-4246) or email (COAltEVV@sandata.com). Written plans for compliance should be submitted to evv@sate.co.us.

Attachment(s):

None

Department Contact:

For questions regarding the State EVV Solution or connecting a Provider Choice Solution, please contact Sandata Technologies by phone: 855-871-8780 or email: cocustomercare@sandata.com.

For all other questions, please contact the Department at EVV@state.co.us.