



OPERATIONAL MEMO

TITLE:	ELECTRONIC VISIT VERIFICATION (EVV) TIMELINE UPDATE
SUPERSEDES NUMBER:	HCPF OM 21-007
EFFECTIVE DATE:	FEBRUARY 19, 2021
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:

The purpose of this Operational Memo is to inform Electronic Visit Verification (EVV) Stakeholders about updates on the implementation timeline and how the Colorado Department of Health Care Policy & Financing (Department) will enforce implementation.

Information:

The Department has utilized a tiered implementation strategy to familiarize providers with the use of EVV before incorporating claims processing to minimize long-term administrative burden and reduce the financial impact when claims require EVV records. Information on the Department's implementation strategy and available supports are available in [HCPF OM 20-079](#), [HCPF OM 20-106](#), and [HCPF OM 21-007](#).

The Department last communicated to stakeholders that the pre-payment claim review would begin to deny claims without corresponding EVV records on March 1, 2021. While the Department has seen significant increases in utilization, the current rate is still at a rate in which there are concerns. Accordingly, the pre-payment claim review will be delayed again. The Department will monitor technical issues, provider utilization, and rate of successful claim matching to EVV records over the coming weeks. The Department will

inform stakeholders of the new date the EVV pre-prepayment claim review will be implemented at least one month before claims are subject to denial.

Providers are reminded that EVV has been required in Colorado since August 3, 2020, by 10 CCR 2505-10 8.001 and providers not making an earnest effort to collect EVV records are currently experiencing suspension of EVV required claims. Further, continued non-compliance and evidence of inappropriate billing activities of any kind may result in a full review and recoupment of funds.

Claims that require EVV and those that will be subject to pre-payment claim review, will show in the provider's Remittance Advice as EOB 3054 "EVV Record Required and Not Found".

Next Steps:

Providers are expected to utilize EVV for all EVV-required claims as soon as possible to minimize the proportion of claims that will deny once the pre-payment claim review is enabled. All providers are encouraged to remain in contact with established EVV support channels to ensure they are sufficiently submitting EVV records to reduce financial impact when the pre-payment review is enabled.

More information will be made available at least one month prior to the implementation of pre-payment claim review.

Attachment(s):

None

Department Contact:

[EVV Support Channels](#)

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