



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>ELECTRONIC VISIT VERIFICATION (EVV) CLAIM SUSPENSION FOR NON-UTILIZING PROVIDERS</b>
<b>SUPERSEDES NUMBER:</b>	N/A
<b>EFFECTIVE DATE:</b>	<b>JUNE 14, 2021</b>
<b>DIVISION AND OFFICE:</b>	<b>BENEFITS &amp; SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING; BENEFITS AND SERVICES DIVISION, HEALTH PROGRAMS OFFICE</b>
<b>PROGRAM AREA:</b>	<b>ELECTRONIC VISIT VERIFICATION</b>
<b>KEY WORDS:</b>	<b>EVV, CURES ACT, CLAIMS, PAYMENT, SUSPEND</b>
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<b>APPROVED BY: COLIN LAUGHLIN</b>	

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### **Purpose and Audience:**

This Operational Memo informs 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. Specially, this memo outlines a claim suspension process for non-utilizing providers.

### **Information:**

The Department has utilized a tiered implementation strategy to familiarize providers with the use of EVV before incorporating claims adjudication. Information on the Department's implementation strategy and available supports are available in [HCPF OM 20-079](#), [HCPF OM 20-106](#), [HCPF OM 21-007](#), and [HCPF OM 21-020](#).

Beginning on July 2, 2021, claim suspension will be implemented for fully non-utilizing providers. A non-utilizing provider is a provider agency that is required to collect EVV per [Colorado Code of Regulation 2505-10 8.001](#) but has not submitted any verified EVV records prior to claim submission between January 1, 2021 and June 24, 2021. A verified EVV record is EVV data that includes all six points of mandatory data and successfully transmits to the Data Aggregator. Verified visits can be viewed the Data Aggregator, [here](#).

New providers who have enrolled and began billing for EVV required services within the last month and providers who are experiencing system issues that require Department escalation and resolution are excluded from this suspension process. To avoid suspension of claims, non-utilizing providers must begin submitting EVV records by June 24, 2021. Suspended claims will show as EOB 3090 "Billing provider under review - suspend all claims" in Remittance Advice. The Department directly outreached non-utilizing providers with additional information and support options. Providers with claims suspended for non-utilization will have the suspension removed once EVV records are submitted.

Providers who are currently utilizing an EVV system and submitting verified EVV records will not experience disruption in payment at this time. Per [OM HCPF 21-020](#), the Department will notify providers at least one month prior to the implementation of the pre-payment claim review. 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".

Additionally, Case Management Agencies will be sent a list of members who receive services from provider agencies subject to claim suspension. These members may need assistance transferring to a new provider agency if EVV non-compliance persists.

**Next Steps:**

Providers are expected to utilize EVV for all EVV-required claims immediately. 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. For questions about which services require EVV, please review the [EVV Program Manual](#).

**Attachment(s):**

None

**Department Contact:**

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[EVV Support Channels](#)