



POLICY MEMO

Title: Hospice Electronic Visit Verification (EVV) Exemption	Topic: Removal of EVV from Hospice
Audience: Hospice Providers (Provider Type 50)	Sub-Topic: Administrative Policy
Supersedes Number: N/A	Division: Benefits and Service Division
Effective Date: July 1, 2024	Office: Health Policy Office
Expiration Date: July 1, 2027	Program Area: EVV and Hospice
Key Words: Hospice, Electronic Visit Verification, EVV	
Legal Authority: CCR 2505-10 Section 8.001, Section 8.550.1	
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Approved By: Adela Flores-Brennan	

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Purpose and Audience:

The purpose of this policy memo is to inform Colorado Hospice providers (Provider Type 50) that Electronic Visit Verification (EVV) is no longer required.

Information:

The Department has removed the requirement for Hospice providers to submit EVV records for services delivered in the home and community.

Background

Hospice services are reimbursed using a unique per-diem payment structure and are subject to a post-payment EVV review process. This differs from other EVV-mandated services which use a fee-for-service payment structure and are subject to a pre-payment EVV claim edit.

Hospice providers are not required to comply with the August 3, 2020, mandate for providers delivering EVV-appropriate services to submit EVV records effective July 1,

2024. The Department will not enforce the use of EVV for any Hospice services and is taking steps to remove Hospice provider access to the EVV system.

The Department expects this change to have no impact on members and to reduce potential administrative burdens and costs for providers.

Hospice Billing and Claims

Before July 1, 2024, hospice providers should continue to submit EVV with claims for services provided.

Effective July 1, 2024, Hospice providers will no longer be required to submit EVV for claims matching for services provided.

EVV Santrax (STX) accounts for Hospice providers will be inactivated and Hospice providers will no longer be able to collect EVV utilizing the state EVV solution or submit EVV to the state's data aggregator from a provider choice EVV solution.

These EVV policy and system changes do not impact billing practices for Hospice providers. The EVV claim edit will no longer generate the Explanation of Benefit (EOB) 3054 - EVV Required and Not Found on a provider's Remittance Advice. Other billing requirements remain in effect.

Hospice Monitoring

The oversight for Hospice providers will be maintained through existing mechanisms, which include CMS yearly audit per the Payment Integrity Information Act (2019), Payment Error Rate Measurement (PERM) Audits, and Ordering, Prescribing, Referral (OPR) mandate which Hospice providers are mandated to adhere to, and post-payment review.

Action To Be Taken:

Hospice providers are instructed to cease EVV collection for Medicaid billing purposes on July 1, 2024.

Definition(s):

None

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