



Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Electronic Visit Verification (EVV) Certification

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Table of Contents

| | |
|--|---|
| Electronic Visit Verification Certification Overview | 3 |
| Structure of EVV Certifications | 4 |
| Key Performance Indicators And How They Are Used | 5 |
| System Development..... | 6 |
| The Operational Readiness Review | 6 |
| Certification Review..... | 6 |
| States with EVV Systems in Operation | 7 |
| Resources | 7 |

ELECTRONIC VISIT VERIFICATION CERTIFICATION OVERVIEW

To help states focus their efforts on achieving the business outcomes embodied in the 21st Century Cures Act (“Cures Act”) and reduce the certification burden, the Centers for Medicare & Medicaid Services (CMS) has developed a streamlined and outcomes-based approach to Electronic Visit Verification (EVV) certification.

This streamlined and outcomes-based approach is designed to ensure that EVV systems receiving federal financial participation (FFP) meet the business needs of the state and of CMS. EVV certification is structured around the following elements:

- **Outcome statements.** These describe the desired results once the system is implemented. CMS-provided outcomes are based on the Cures Act.
- **Evaluation criteria and required evidence.** These correspond to outcome statements and are used by the state and CMS to evaluate the system’s functionality and its compliance to laws, regulations, and industry good practices.
- **Key performance indicators (KPIs).** These metrics support the outcome statements and are used to track the performance of the system over time.

EVV certification represents a significant reduction in the level of effort required by states and CMS to complete operational readiness reviews and certification reviews. For EVV certifications, states will use the outcomes along with their corresponding evaluation criteria and KPIs. States are not required to use the process found in the Medicaid Enterprise Certification Toolkit (MECT). They are no longer required to complete a Project Partnership Understanding for EVV, and except for the certification request letter and a copy of the system acceptance letter, states do not submit the artifacts listed in MECT Appendix B. While formal Project Initiation Milestone Reviews are no longer conducted, CMS will continue to provide technical assistance to states in the planning phases of their systems development life cycles.

Section 1903(l) of the Social Security Act (the Act), as added by section 12006 of the Cures Act (Pub. L. No. 114-255) and further amended by Public Law No. 115-222, stipulates that states will be subject to a reduction in FMAP if they do not implement EVV for personal care services by January 1, 2020, and for home health care services by January 1, 2023, absent a one-year extension based on CMS approval of a state’s Good Faith Effort application. It also requires that an EVV solution complies with the Health Insurance Portability and Accountability Act (HIPAA) and that it collects certain data elements.

In addition to system requirements outlined under section 1903(l) of the Act, for purposes of receiving the enhanced FFP for development, EVV systems fall under the definition of a “mechanized claims processing and information retrieval system” at 42 CFR 433.111(b), and are subject to provisions at 42 CFR Part 433 Subpart C—Mechanized Claims and Processing Information Retrieval Systems. In order to qualify for enhanced FFP, states’ EVV solutions (whether solely data aggregation functions or a state-procured, beneficiary-facing software suite):

- Must comply with the appropriate security and privacy requirements of HIPAA
- Must accurately capture the required six data elements listed in the section 1903(l)(5) of the Act and use the data to edit claims and review encounter data

In addition, state-operated EVV solutions that are beneficiary-facing:

- Must include training and stakeholder outreach, per section 1903(l)(2) of the Act
- For beneficiary-facing functions, must be accessible to persons with disabilities, per the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, 36 CFR Part 1194, 42 CFR 431.206, and 45 CFR Part 80
- Must provide support for non-native English speakers, per the Civil Rights Act of 1964 and the Affordable Care Act of 2010

These and other requirements for certification are embodied in the EVV certification evaluation criteria (O2 EVV Certification 1.0 Evaluation Criteria and KPIs).

STRUCTURE OF EVV CERTIFICATIONS

EVV certifications are structured around two business-related outcome statements and one enterprise outcome statement. A state will demonstrate its EVV solution’s achievement of these outcomes through evaluation criteria and KPIs. There are 11 evaluation criteria and five KPIs (see Figure 1). The evaluation criteria can be found in O2 EVV Certification 1.0 Evaluation Criteria and KPIs.

| | | |
|---------------------------|---|--|
| Business Outcome | The state Medicaid agency has enhanced ability to prevent fraud, waste, and abuse through increased visibility into its Home and Community-based Services programs. | |
| | KPI | Association of EVV Record to Claim/Encounter EVV Record Match Against Approved Services, Providers, and Units EVV Records Without Manual Edits |
| | Criteria | There are six evaluation criteria for this outcome. |
| Business Outcome | The EVV solution is reliable, accessible, and minimally burdensome on providers, beneficiaries, and their caregivers. | |
| | KPI | EVV System Availability |
| | Criteria | There are four evaluation criteria for this outcome. |
| Enterprise Outcome | Appropriate safeguards of electronic protected health information and personally identifiable information are implemented and maintained. | |
| | KPI | Privacy and Security |
| | Criteria | There is one evaluation criterion for this outcome. |

Figure 1. Outcomes, Key Performance Indicators, and Criteria

Figure 2 shows the high-level certification process.

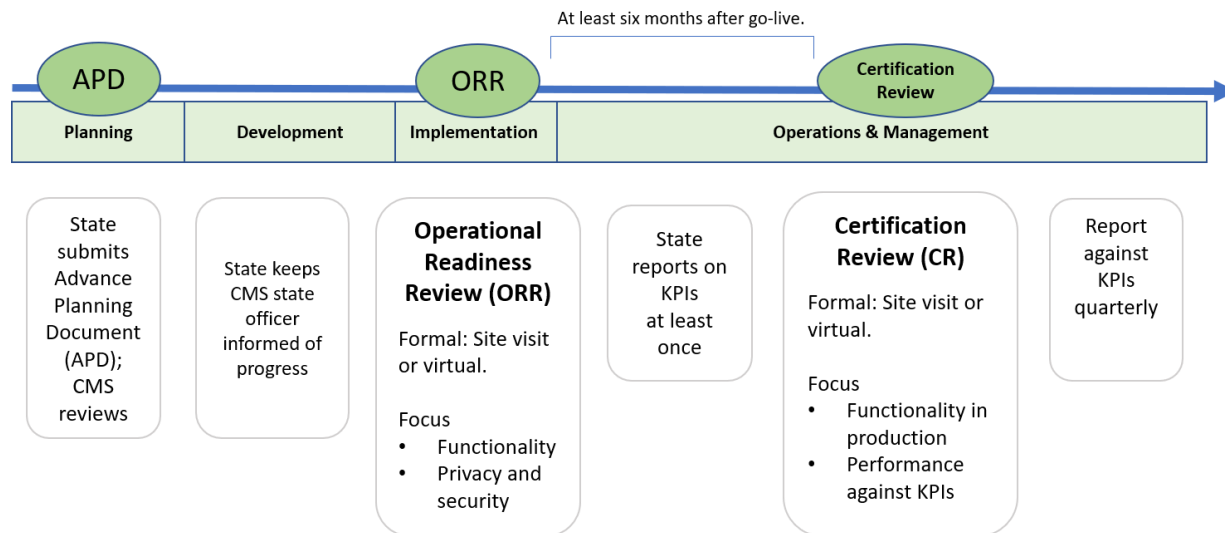


Figure 2. EVV Certification Process

KEY PERFORMANCE INDICATORS AND HOW THEY ARE USED

Per 42 CFR §433.112(b)(15), enhanced funding is contingent on the system being able to “produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.” In accordance with this condition, states will report on EVV KPIs. The purpose of this reporting is to ensure solutions are meeting regulatory requirements as well as the state’s program goals. State reporting also gives states and CMS early insight into performance problems that may need to be addressed with technical assistance.

States begin reporting on the five EVV KPIs after go-live and before the Certification Review. From then, and for as long as the state continues to receive enhanced funding for its EVV solution, KPIs are reported quarterly at a minimum, except for the Security and Privacy KPI, which is reported annually. Feedback from the states consulted during the piloting of this certification process indicated that the EVV KPIs do not require a significant amount of time to calculate. The table below shows the reporting schedule for KPIs.

Table 1. KPI Reporting Schedule

| Performance Period Covered | Report Due |
|--|------------------|
| October - December | End of March |
| January - March | End of June |
| April - June | End of September |
| July - September | End of December |
| Security and Privacy KPI: Performance period as stipulated in the state’s contract with third-party auditor. | End of September |

Instructions for submitting the reports is detailed in the Certification Review section of this document.

SYSTEM DEVELOPMENT

As the state acquires or develops an EVV solution, the CMS State Officer (SO) will inquire as to the health of the project, and it is expected that the state will keep the SO apprised of progress.

THE OPERATIONAL READINESS REVIEW

The Operational Readiness Review (ORR) must be conducted before the EVV solution goes live. If a state is taking a phased approach to implementation, the state and SO will discuss the most appropriate point at which to insert the ORR.

A state should work with its SO to agree upon an ORR review date that leaves sufficient time to prepare for the review. CMS and the state discuss any legal non-disclosure and data-sharing agreements that may be required. The ORR will be scheduled in coordination with CMS.

The state completes the state columns of the certification intake form (03 EVV Certification 1.0 EVV Intake Form) and saves related evidence and artifacts in its own repository. The state should include only the minimum evidence necessary to show compliance. If lengthy documents are uploaded, the relevant sections or paragraphs should be highlighted. Extraneous materials slow reviews.

No later than two weeks before the ORR, the state sends the completed certification intake form to the CMS SO and to MES@cms.hhs.gov. By this time, CMS should have been given access to the evidence in the state's repository. One to two weeks before the ORR, CMS will review the evidence, compile a list of questions, and send those to the state before the ORR so that the state can address the questions during the ORR session.

ORR review sessions are divided into two segments. During the first segment, the state gives a succinct, concise overview and demonstration of its EVV solution. For the second segment, CMS asks any outstanding questions. Ideally, all CMS questions will be answered during the session, so the state should ensure that all appropriate subject matter experts are present. The review is considered complete when CMS finishes entering its ORR comments into the intake form and returns it to the state.

CERTIFICATION REVIEW

The state may request a Certification Review (CR) for an EVV solution that has been in operation for at least six months (State Medicaid Director Letter # 16-010). A state should work with its SO to agree upon a CR review date that leaves sufficient time to prepare for the review. The state will submit the certification request letter along with a copy of the system acceptance letter to its CMS SO. CMS and the state will discuss any legal non-disclosure and data-sharing agreements that may be required.

The state does not need to fill out the intake form for the CR. The state does need to provide evidence showing that it was collecting the six data elements required by the Cures Act as far back as the date from which the state is requesting enhanced FFP.

Six of the eleven evaluation criteria (EVV1, EVV3, EVV4, EVV5, EVV7, EVV9) will need to be demonstrated in the production environment, provided they apply to the state's EVV model. (For example, EVV 4 may not apply to a state that mandates the exclusive use of a state procured EVV system.) If warranted, CMS may require that additional criteria be demonstrated. Unless otherwise

instructed by its CMS SO, no criteria evidence needs to be uploaded to the state repository, as the evaluation criteria will be assessed through demonstrations.

The CR will also focus on the KPI report(s). Because of the six-month minimum wait between go-live and the CR, the state will need to report on the KPIs at least once before the CR. To report against KPIs, the state calculates its performance and sends it along with the underlying data to the CMS SO and to MES@cms.hhs.gov. The state and SO agree upon the format for reporting. In the future, CMS may issue a template for reporting on KPIs. CMS may send questions about the KPIs to the state prior to the CR.

As with the ORR, the CR is divided into two segments. During the first segment, the state succinctly and concisely demonstrates the evaluation criteria in the production environment and explains in detail how it calculated each of the KPIs. In the second segment, CMS asks any outstanding questions. Ideally, all CMS questions will be answered during the session, so the state should ensure that all appropriate subject matter experts are present. CMS will enter comments about the review into the certification intake form and return it to the state along with a formal certification decision letter.

STATES WITH EVV SYSTEMS IN OPERATION

Some states already have systems in operation. In such cases, the ORR and CR review will be combined into a single certification review. Both the evaluation criteria and the KPIs will be used for the combined review. In a combined review, the state will need to provide evidence in its data repository for the EVV evaluation criteria as well as report against the KPIs. The state should grant access to the repository to the CMS team no later than two weeks prior to the review session.

The structure of the review session will follow the same basic structure as with ORR and CR—a time for the state to walk through the system and demonstrate functionality in production, and a time for CMS to answer any follow-on questions.

RESOURCES

Resources for Implementation of EVV IT Solutions

- For general issues related to Federal Medical Assistance Percentages and the 21st Century Cures Act: <https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>

Resources for Home and Community-based Services

- Home and Community-based Services Final Regulation: <https://www.medicaid.gov/medicaid/hcbs/guidance/hcbs-final-regulation/index.html>
- Home and Community-based Settings Requirements Compliance Toolkit: <https://www.medicaid.gov/medicaid/hcbs/guidance/settings/index.html>