



COLORADO

Department of Health Care
Policy & Financing

Electronic Visit Verification (EVV)

Frequently Asked Questions

February 2019

Why are states required to implement Electronic Visit Verification?

Section 12006(a) of the [21st Century Cures Act](#) mandates that State Medicaid agencies implement an Electronic Visit Verification (EVV) system for all Personal Care and Home Health Services that require an in-home visit by a provider. States that do not implement EVV will incur a reduction of Federal funding.

What is EVV?

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

- **Type** of service performed
- **Individual receiving** the service
- **Date** of the service
- **Location** of service delivery
- **Individual providing** the service
- **Time** the service begins and ends

Colorado's EVV solution includes multiple point-of-care visit verification technologies, such as mobile phone application, telephonic, and web-portal. The State EVV Solution will also include an optional Scheduling Module which allows providers to create client service schedules and a Consumer Directed Suite for use within the Consumer Directed Attendant Support Services (CDASS) program.

When does EVV need to be implemented by?

The Department is implementing EVV for all Colorado required services on January 1, 2020.

Which services require EVV?

The 21st Century Cures Act mandates that states implement EVV for Personal Care and Home Health services. Colorado is implementing EVV for required services and

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additional services that are similar in nature and service delivery. A list of services that require EVV in Colorado can be found on our [EVV Website](#) under Hot Topics.

Why are services outside the Federal mandate included in Colorado EVV?

Technical guidance provided by the Centers for Medicare and Medicaid Services (CMS) clarified that any service the state has opted to cover under Home Health authority and services which include an element of Personal Care are also mandated. The Department also included services that are similar in nature to mandated services. This ensures services are delivered to our members and streamlines requirements for providers.

Why is Colorado implementing EVV for Home Health prior January 1, 2023 as mandated by the 21st Century Cures Act?

Combining implementation streamlines service delivery for members, mitigates confusion among providers who deliver multiple services requiring EVV, alleviates duplicative training requirements, reduces systems costs for providers who employ their own EVV solution, and effectively utilizes Department resources.

Does the EVV mandate apply to Home Health Agencies?

Yes, Home Health agencies providing any of the services listed on our [EVV Website](#) must submit EVV. Claims without corresponding EVV are subject to audit and denial beginning on January 1, 2020.

Does the EVV mandate apply to Participant Directed programs?

Yes, both Consumer Directed Attendant Support Services (CDASS) and In-Home Services and Supports (IHSS) are required to comply with the EVV mandate.

Does the EVV mandate apply to Assisted Livings Facilities?

Facility based services, such as Assisted Living Facilities, Host Homes, and Nursing Facilities, do not require EVV. Please note that all Hospice services will require EVV verification regardless of location.

Does the EVV mandate apply to Telehealth services?

Currently, the only telehealth service that requires EVV is the setup of a telehealth device in the home, as outlined in the Home Health benefit.

Does the EVV mandate apply to all Durable Medical Equipment installations?

Only Durable Medical Equipment installations requiring an in-home setup. Devices used in home that are serviced in facilities and supplies mailed to a home (not requiring in-home setup) are exempt.



Will EVV fulfill survey or compliance requirements of the Department of Public Health and Environment?

The purpose of the State EVV Solution is to meet the EVV mandate as outlined by the 21st Century Cures Act and is not intended to fulfill CDPHE certification or survey requirements. The Department recommends providers continue current practice for fulfilling CDPHE requirements.

What technology components are included in the State EVV Solution?

The State EVV Solution will utilize two primary technologies for capturing visit information at the service location:

- **Mobile Visit Verification (MVV):** A GPS enabled mobile application downloaded on a smartphone or tablet.
- **Telephony Visit Verification (TVV):** A system accessed via toll-free number, accessible 24 hours a day, 7 days a week.

The state will also employ web-based functionality for use by provider agencies.

- **Provider Portal:** Provider agencies utilizing the State EVV Solution will have access the portal to view and modify visit activity, and in limited circumstances, create EVV records. All information entered via the provider portal is notated as a manual entry and will be subject to Department audit.
- **Data Aggregator:** The Data Aggregator is a behind-the-scenes tool used to interface with both the State EVV Solution and provider choice systems to transmit EVV data to the interChange. Providers will have read-only access to a web portal in the Data Aggregator to view visit data.

Does EVV require microphone, photographic, or video monitoring?

No. EVV implementation in Colorado will not require a microphone, photographic, or video recording, nor does the Department authorize individual agencies to require the use of such devices.

Are members required to keep a monitoring device in their home?

No. Services will be verified through EVV by using an application on a mobile phone or tablet, telephone call, or web-portal. The service provider will bring required technology into the client's home for verification and take it with them when they leave.

How will service details collected through EVV be stored and kept safe?

All Medicaid data, EVV related or not, is stored on secure servers that are managed and maintained by Sandata, DXC, and IBM. The Department's contracted vendors are



responsible for ensuring the data meets state cyber security and Health Insurance Portability and Accountability Act (HIPAA) requirements.

How should a provider prepare of EVV implementation?

Compliance with EVV requirements is the responsibility of the provider agency. To prepare for EVV implementation, providers should learn about EVV requirements, decide whether they will utilize the State EVV Solution or a provider choice EVV system, and complete mandatory training.

In addition, the Department recommends that provider agencies:

- Review and update contact information in the provider portal. EVV information will be sent to the email address on file.
- Read EVV email communication and check our website for updates.
- Attend stakeholder meetings held by the Department.
- Begin communicating to caregivers and members on what EVV is and how it will impact them. The Department will provide supplemental information for providers to disburse.
- Develop an internal training plan for administrators and caregivers.
- Assess technology resources available for EVV compliance. Will the agency ask caregivers to utilize their own mobile device or will the agency provide technology?

How should a member prepare for EVV implementation?

In most situations, compliance with EVV requirements is the responsibility of the provider agency. The impact to most members will be minimal and no preparation is needed. However, if a member utilizes CDASS, preparation will be necessary. CDASS members/authorized representatives employ the attendant and as an employer will need to learn about EVV requirements and complete training. Additional details for CDASS members are forthcoming.

What responsibility does the Department have to ensure that provider choice systems are ADA compliant? Is the State EVV Solution ADA compliant?

As a condition of the [Provider Agreement](#), providers must comply with all state and federal ADA laws. The State EVV Solution is WCAG 2.0 certified.

What are the language options for the State EVV Solution?

English, Spanish, Russian, Somali, Mandarin Chinese, and Egyptian Arabic.

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Are members required to have a landline or cell phone to continue services?

No, EVV does not require members to obtain a home landline or cell phone. Verification of service through EVV is the responsibility of the provider agency. Technology necessary for EVV should be supplied by the provider or caregiver. A member may approve of the caregiver using their personal landline or cell phone for EVV, but it is not required.

Will members still be able to receive services in the community with EVV?

Yes. The implementation of EVV does not change the format or location of service delivery. Individuals will continue to receive services in accordance with their service plan and existing program rules.

Can the State EVV Solution be used in a rural area?

The State EVV Solution is designed to work across the state. The MVV application will work without cellular service and can upload information when service is restored or connected to Wi-Fi. The TVV option is also available in rural areas when a cell phone or landline is available. In situations where MVV and TVV are both unavailable, a provider may complete EVV requirements through the provider portal. Please note that manual entries are subject to increased scrutiny by the Department.

Does the state mobile application use large amounts of data?

For MVV in the State EVV Solution, each clock-in and clock-out uses roughly the same amount of data as a text message.

What technical specifications are required for a mobile device to use the state mobile application?

iPhone users: the application is best viewed on an iPhone 6 and higher, running Minimum iOS version 9.0.

Android users: the application is best viewed on an Android device using Android OS 7.0 (Nougat) or higher, with a minimum OS of Android 5.0 (Lollipop).

What if a caregiver's phone loses power during a visit?

The caregiver is still responsible for reporting the visit. Visit activity will be saved for when the phone regains power. If the visit is still in progress when the phone regains power, it is possible that EVV can be recorded correctly. If the visit is unable to be accurately recorded, the agency administrator may fix visit data within the provider portal. Please note, manually entered visits are subject to Department audit.



What if a caregiver loses their phone?

Services will not be impacted by a caregiver's lost device. The provider agency will be able to do a manual entry through the web portal and any EVV data remaining on the device is encrypted. Caregivers must log into their device each time it is used for EVV, preventing unauthorized access to any member sensitive data.

How does the State EVV Solution web portal capture EVV data that occurs from two different modalities (ex: clock-in using MVV then clock-out using TVV)?

Visits will merge automatically if the same caregiver enters both ends of the service.



In the event the caregiver is unable to collect EVV data at the time of service delivery, what options do provider agencies have to enter missing data?

An agency administrator may conduct visit maintenance within the provider portal. The administrator will enter the missing data and select a reason code on why a manual entry was done. Manual entry may be entered on a case by case basis. Please note, that these entries are subject to increased scrutiny by the Department.

Will manual billing periods be affected for providers using the State EVV Solution?

The Department does not intend for the implementation of EVV to impact current billing rules. Providers that span bill or bill for more than one service per day should continue with current practices.

How will multiple caregivers record visits to one member on a given day?

The State EVV Solution can record multiple visits to a member per day. Each caregiver has their own unique identifier and EVV records created by that identifier are caregiver specific. The State EVV Solution does not limit the number of services a member can receive in one day.

How much time will it take for caregivers to clock-in and clock-out?

For MVV and TVV within the State EVV Solution, it is estimated that clocking-in and clocking-out will require less than one minute.

How will providers upload member and caregiver information into the State EVV Solution?

The Department EVV vendor, Sandata, provides a one-time bulk upload option of members and caregivers for provider agencies that have more than 80 members. The upload of member and caregiver information into the State EVV Solution and the Scheduling Module does not require dual entry and may be completed in one step. Members and caregivers that are uploaded outside of this one-time bulk upload will be entered by the provider agency.

Will providers be able to use the State EVV Solution or interface with the State Solution before EVV is required for claims processing?

Yes. The Department will allow all providers the opportunity to work within the State EVV Solution or connect to the State Solution before EVV is required for claims processing. The Department refers to the time between when the system is available to providers and when the claims edit is turned on as the Soft-Launch. The Soft-Launch ensures that providers and caregivers understand how to



correctly use EVV and that providers who use their own EVV solutions have time to configure their systems to be fully operational before 1/1/2020. The Department strongly recommends that all providers participate in the Soft-Launch. Technical assistance will be available to providers during the Soft-Launch and the Department strongly recommends all providers participate.

How is the Department testing the State EVV Solution?

The Department has dedicated User Acceptance Testing (UAT) professionals to test scenarios ensuring the state system functions based on business requirements.

The Department has also developed opportunities for stakeholders to participate in the UAT process and provide feedback on specific scenarios that they would like to see tested.

Are providers required to purchase an EVV system?

Colorado is implementing EVV through a hybrid approach. The Department will implement and maintain a State EVV Solution that providers may utilize at no cost. A provider may instead choose to implement and utilize the EVV system of their choice. A provider choice EVV system must meet Cures Act requirements and successfully integrate with the State EVV Solution for data transfer.

While providers may utilize the State EVV Solution free of charge, costs associated with purchasing and maintaining a provider choice system are the responsibility of the provider. There will be no fee to providers for connecting or transmitting data to the State EVV Solution.

Can an agency use their current Electronic Health Record (EHR) as an EVV solution?

Colorado is implementing EVV through a hybrid approach, meaning that agencies may use the State EVV Solution or different EVV solution of their choice. If an agency chooses to use a provider choice system, the solution must meet Cures Act requirements and successfully integrate with the State EVV Solution for data transfer. It is possible that an existing EHR could meet these requirements. The Department recommends agencies contact their vendor for details.

What are the technical specifications required for provider choice systems?

The Department will release technical specifications for provider choice systems in the summer of 2019. The Department will maintain a list of vendor software versions already integrated with the State EVV Solution for reference. The Department will not be certifying any specific EVV vendors beyond operability and successful data transmission.



What happens if a provider choice system is unable to interface with the Data Aggregator?

Provider choice systems are required to meet Cures Act requirements and interface with the State EVV Solution through the Data Aggregator. If a provider choice system is unable to interface with the Data Aggregator, no EVV information will be transmitted and providers will be unable to verify their EVV data submissions through the State EVV Solution web portal. The Department's EVV vendor will work with providers on a case by case basis when provider choice systems are unable to interface with the Data Aggregator.

How can providers make an informed decision on whether to use the State EVV Solution or a provider choice system?

The Department understands that providers require information on the State EVV Solution to make an informed decision regarding which EVV system to utilize. The Department recommends that agencies evaluate their business needs against capabilities of the State EVV Solution, taking into consideration fiscal impacts of provider choice systems. Additional details of the State EVV Solution will be available in spring and summer of 2019.

Is there a deadline for when a provider agency must choose between the State EVV Solution or a provider choice system?

The hybrid approach to EVV implementation permits flexibility when choosing which system to utilize. Providers may choose to utilize the State EVV Solution at any time. Since, training and systems requirements for the State EVV Solution may differ from that of provider choice systems, the Department recommends that providers plan timelines accordingly to ensure seamless transition.

Financial Management Service (FMS) vendors for the CDASS program may use the State EVV Solution or a provider choice system. However, requirements within the FMS contracts establish guidelines for when a vendor may choose to utilize the State EVV Solution. FMS vendors should refer to their contract for details.

How will visit data be stored in the State EVV Solution?

Data submitted through the State EVV Solution will be stored in the Sandata system and transmitted to both the State's MMIS (DXC interChange) and Business Intelligence Data Management (BIDM) system. This is the industry standard and complies with federal privacy and security practices.

How and when will location be captured?

The Cures Act does not require states to capture continuous location as a member is moving throughout the community; the Colorado EVV program will collect



location at the time of clock-in and time of clock-out for each service delivered. Location will be captured via GPS when MVV is used and through Automatic Number Identification (ANI) technology for TVV.

Will the State EVV Solution utilize predetermined locations for service delivery?

The Department has opted to not verify a service location against a member's home or other pre-determined location.

What types of training will be offered?

A train-the-trainer model for agencies will be offered through the Department's EVV vendor. This training model allows for a few individuals familiar with how each agency operates to attend training then train the other staff in the office. Train-the-trainer instruction will be available for up to two participants per provider enrollment, enabling agencies to have in-house experts on the EVV system.

Pre-credential and mandatory training ensure that enrolled providers have training in the State EVV Solution or the Data Aggregator. Successful training completion results in administrative login credentials, which are then used to access the agency's State EVV Solution or Data Aggregator.

State EVV Solution users will be able to choose from three different training modalities. 1) An eight hour in-person classroom training (available in statewide locations), 2) a series of three two-hour webinar sessions, or 3) a self-paced learning module. Data Aggregator training will be available to agencies through the self-paced learning module.

What training materials will be available?

Training materials will cover administrative and caregiver functions within the State EVV Solution and how to utilize the Data Aggregator. The Department is currently collecting stakeholder feedback on supplemental training materials. Please attend the Training & Communication Stakeholder Subcommittee if you have ideas on additional training materials that might be needed. The Department is not offering training for caregivers or specific provider choice systems.

Will I be compensated for training?

Training provided by the Department will be free of cost for the two pre-selected provider agency staff. While training is mandatory to receive log-in credentials, the provider agency will be responsible for deciding if they compensate their staff and the Department will not reimburse expenses incurred for training.



Is training mandatory?

Training is mandatory for State EVV Solution users and provider choice EVV users to receive log-in credentials to the provider portal of the State EVV Solution and Data Aggregator.

How is stakeholder feedback being incorporated into the design of the State EVV Solution?

The Department has incorporated stakeholder feedback throughout the design of State EVV Solution. Each subcommittee has developed a list of recommendations for the Department to consider for system design and policy decisions. For example, stakeholders asked that the Department not verify a service location against a member's home or other pre-determined location. The Department thoughtfully considered this recommendation and ultimately agreed that pre-determined locations could create undue burden on a member's ability to receive services in the community. This is just one of many examples of how stakeholder feedback has been incorporated into the design of the State EVV Solution.

How can I learn more about EVV implementation in Colorado?

- Visit the Colorado [EVV Website](#)
- Attend the an [EVV Stakeholder Meeting](#)
- Sign up for the [EVV Newsletter](#)
- Email us at EVV@state.co.us

