State Prepares for Electronic Visit Verification Rollout

An Interview with Catherine Strode

Part One

Over 30,000 Coloradans receiving Home and Community Based Services through the state will be impacted by the federal mandate of electronic visit verification (EVV.) The federal mandate goes into effect on the first day of January 2019. The verification system must be in place in order to continue to receive a 50 percent match from the Centers for Medicare and Medicaid Services (CMS). Stakeholder groups are meeting with representatives from the Department of Health Care Policy & Financing throughout the state to become educated about the verification system requirements. In a two-part interview with Catherine Strode, the state’s Director of Benefits and Services explains Electronic Visit Verification (EVV), how the state will implement it and what concerns are being expressed by clients and providers. In Part One of this interview, Colin Laughlin explains how Colorado will do a “soft rollout” of the Electronic Visit Verification.
"Some of the states that have moved really quickly are running into some unforeseen issues. We want to make sure that with a thoughtful approach, we are able to consider all the angles before we flip on a switch and upset a system that we believe works well.”  - Colin Laughlin

What is Electronic Visit Verification?
“EVV (electronic visit verification) is a federal mandate. It is part of the 21st Century Cures Act, a piece of legislation that was passed in 2016. The Act is 312 pages long. The specific part that talks about EVV is about two and a half pages. Initially, there was not a whole lot of federal detail that was given. Essentially what it does is require electronic verification of services that are either home health or personal care services in nature. The intent is to ensure there are not inappropriate billing practices or misaligned billing practices. The intent is also to ensure that people are not submitting something that is incorrect and billing the state when the services in that method may be not fully rendered. It requires six points of data. It’s the ‘who’: who is receiving the service, who is rendering the service. It’s the ‘when’: time and date are required. It’s the ‘where’: where are they doing the service. It’s the ‘what’: what type of service are they providing.”

How is EVV implemented?
“The approach varies state by state. There are different ways to do it. Colorado is approaching it from a hybrid model which allows for the greatest flexibility in meeting this mandate. That allows for provider agencies who are delivering some of these services to use their own
electronic verification technology. A lot of providers in this state have already been using EVV in some way, shape, or form. It also allows them, if they don’t already have it, to connect directly to the state system with whatever vendor we’re using. With the flexibility we are requiring, you can verify different ways. You can verify through a telephone. You can verify through geographical positioning. If someone is uncomfortable with being ‘GPS'ed’, they don’t have to use GPS. We are going to (within the space that we can) allow for the most flexibility within those services.”

How will Electronic Visit Verification impact clients?
“In Colorado, we are trying to roll this out with the most flexibility as possible. We want to make sure we are not materially changing how people receive services. Colorado has historically been one of the leaders in Community Based Services. In fact, we are typically one of the top three, top five, in the country in those types of delivery of services. We also have a very large percentage of people who receive services in the community as opposed to a nursing facility placement. We don’t want to impact those numbers. We believe people are better served in the community. We believe that the choices people are able to make about their services is critical and a philosophical cornerstone in what we do. We don’t want to impact that. Our goal is to not impact the client as best as we can. It is going to be a shift for service providers. They are going to have to learn how to use this technology. We expect there to be some growing pains and so what Colorado is doing is what we are calling a soft roll out.”

What is a soft roll out?
“A soft roll out means we are not going to tie it to claims at least for the first six months. We are going to require the verification components but we are not going to say it’s directly tied to payment. We want to make sure those records exist. We are mandated to do this by the Centers for Medicare and Medicaid Services (CMS) in order to receive our 50 per cent match for services. We know there are going to be some bumps here and there and so we’re not going to do anything right away. We’re not going to flip a switch that could potentially create situations where people aren’t receiving payment. We are going to do all that we can to allow for some flexibility and some growth to make sure we can work out all the kinks before we move forward.”
Catherine Strode is AdvocacyDenver's Communications and Policy Specialist. She holds a Masters degree in Public Administration with an emphasis in Health Care Policy. Catherine publishes Policy Perspective, featuring interviews with state policy makers on issues that affect the work and mission of AdvocacyDenver. For questions or comments, contact Catherine at cstrode@advocacydenver.org