

Electronic Visit Verification (EVV)

Amanda Tamte | EVV Communication and Training Coordinator

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What is Electronic Visit Verification (EVV)

21st Century Cures Act

- The 21st Century Cures Act of 2016 mandates that states implement EVV for all Medicaid personal care services, including some waiver services, and home health services through an electronic verification system.
- It's a federal law requiring providers of affected services to implement EVV in collaboration with the Minnesota Department of Human Services (DHS).
- DHS will provide guidance and policies to provider agencies implementing EVV to ensure the requirements of the 21st Century Cures Act are met.

Required Data Collection

The EVV system must electronically verify that home or community-based service visits occur by electronically collecting six points of data:

- Type of service performed
- Who received the service
- Date of service
- Location of service delivery
- Who provided the service
- Service start and end times

EVV is required for all mandated services, regardless of where services start and end.

Personal Care Services requiring EVV

- Consumer Directed Community Supports (CDCS) direct support
- Consumer Support Grant (CSG) direct support
- Crisis respite
- Homemaker-assistance with personal cares
- Independent community living support (in person)
- Individualized home supports, with and without training (in person)
- Night supervision
- Personal care assistance
- Respite care services (in home)

Home Health Services requiring EVV

- Home health aide
- In-home occupational therapy
- In-home physical therapy
- In-home respiratory therapy
- In-home speech and language therapy
- Skilled nurse visits
- Direct skilled nurse visits

DHS' approach to implementing EVV for Minnesota

Minnesota EVV Model

DHS has selected a hybrid EVV model. Providers may choose one of the following:

- The state-selected EVV system, HHAeXchange
 - No cost to providers

OR

- A third-party EVV system that meets state requirements
 - Integrate with state's HHAeXchange data aggregator

Providers should select an EVV system that works best for their organization.

State-selected EVV system, HHAeXchange (HHAX)

- Providers can use the state-selected HHAeXchange EVV system at no cost.
- Providers may need to spend time and resources to implement EVV and meet compliance.

Third-party EVV system

- Providers can choose a third-party system or continue to use an EVV system they already are using for their organization.
- Providers will be responsible for costs incurred with their chosen system.
- Providers need to ensure that their third-party system connects to the state's HHAeXchange data aggregator and meets state requirements.

DHS is implementing EVV in a phased approach by service type. DHS expects providers to implement services in scope during the corresponding implementation phase.

- Phase 1: Financial Management Services (FMS) for personal care services
 - Launched June 20, 2022
- Phase 2: Remaining Personal Care Services
 - Launched Dec. 12, 2022
- Phase 3: Managed Care Organizations (MCOs)
 - Beginning of 2023
- Phase 4: Home Health Services
 - Before the end of calendar year 2023

- Minnesota is implementing EVV in a post-payment review process, which is the current process for billing with DHS.
- Providers will continue to use DHS' current billing process when implementing EVV.
- EVV data will be used in a post-claim review process. This may result in take backs from providers if claims are not supported with EVV data.
- DHS continues to explore billing enhancements in the HHAeXchange system.

DHS posted EVV policies to the EVV Community-Based Services Manual for providers including:

- Live-in caregivers
- Device usage
- Verification methods
- DHS developed policies using information from the first two phases of implementation.
- Providers may create additional policies for EVV to meet their business needs by using the DHS requirements and policies for EVV.

Current Compliance Requirements for Providers

- DHS is implementing EVV in a soft launch to allow providers time to onboard into their chosen EVV system, including time to onboard caregivers and members.
- DHS understands that it will take time for EVV to become routine for providers, caregivers and members.
- Providers providing mandated EVV services must begin using EVV after enrolling with DHS.
- Providers will receive notice before full system usage is required.

Live-In Caregivers

Workers are considered a live-in caregiver for EVV when their residential address is the same as the residential address of the person receiving services.

- Live-in caregivers are exempt from some EVV requirements, according to federal guidance.
- DHS does not require live-in caregivers to interact in real time with the EVV system.
- Live-in caregivers must enter the required EVV data into the EVV system at least once per day.
- Provider agencies may choose to require live-in caregivers to interact in real time.

Safe at Home

Safe at Home is a statewide address confidentiality program administered by the Office of the Minnesota Secretary of State.

- Participants in Safe at Home can be either the member or the caregiver, or both.
- At this time, participants in the Safe at Home program who receive or provide services in scope will not be using an EVV system, regardless of what system their provider has chosen.
- DHS is working to determine the appropriate options to ensure information remains confidential.

DHS is taking a mobile-first approach for verifying EVV visits within the HHAX system.

- The HHAX mobile application is downloaded and used on the caregiver's smart device.
- DHS and HHAX offer a secondary verification method for EVV using a telephone system known as interactive voice response (IVR).

Providers using a third-party EVV system will need to work with their vendor on device options for EVV.

- DHS does not oversee devices for third-party system users.
- Providers can use the device that works best for their organization if it captures the required EVV data.

Language Barriers

- The HHAX mobile application is available in multiple languages to meet the needs of Minnesotans. In addition, the HHAX mobile application uses visuals which make it easy to use even when language barriers are present.
- HHAX training materials are available in Spanish, Hmong, Somali, Vietnamese and Russian.
- Providers who use a third-party EVV system will need to work with their vendor to meet the language needs of the people they serve and their caregivers.

Onboarding with HHAeXchange (HHAX)

First Step

- Review the information session posted to the HHAX's [Minnesota Provider Information Center](#) webpage
 - Providers will receive an overview of EVV in Minnesota and the HHAX system.
- Providers without an EVV system or who would like to use the state-selected system
 - Click the Info Sessions tab and review the Information Sessions for the services you provide.
- Providers with an existing EVV system or wanting to use a third-party EVV system
 - Click the EDI Process tab and review the EDI (Integrating Providers) Information Webinar for the services you provide.

Complete the Provider Enrollment Survey

- Providers must complete the HHAX [PCS Provider Enrollment](#) survey after the provider determines the EVV system their organization will use.
- Providers will indicate what EVV system their organization will use in the survey.
- Next steps for providers will be determined based on what system they have chosen.

Note: The email used to complete the survey will be the email used to receive communication from HHAX.

System Access

- Providers will receive their HHAeXchange Provider Portal credentials within 3-5 business days after the survey is completed.
- HHAX system users will receive a portal to access member and caregiver information, EVV shifts and reports.
- Third-party system users will receive portal access to review data sent from their system to the HHAX system.

HHAX EVV System Users

- DHS sends member information from MMIS to HHAX which then connects to their provider's portal.
- Providers will enter caregiver information into their Provider Portal.
- Providers are responsible to ensure all information entered into the system is accurate.
- Providers will review and approve shifts in their Provider Portal.
- More information about system usage will be available after enrollment with DHS and the Provider Enrollment survey is complete.

Third-party EVV System Users

- Providers must review the business and technical specifications posted on HHAX's [Minnesota Provider Information Center](#) webpage on the EDI Process tab under EDI Overview (Integrating 3rd Party Agency Management System) before connecting to the HHAeXchange data aggregator.
- Providers must email edisupport@hhaexchange.com to begin the integration process after completing the PCS Provider Enrollment survey.
- HHAX will work with the provider and the provider's vendor to begin testing and connecting to the data aggregator.
- Providers are responsible to review any rejections they may receive and correct them in a timely manner to ensure data is being sent correctly.

Training

HHAX Learning Management System (LMS)

- Providers will receive their LMS credentials within 3-5 business days after the PCS Provider Enrollment survey is completed.
- Providers receive one username used throughout the provider agency to access LMS for all agency-level EVV staff.

HHAX System User Training

- All provider agency-level EVV staff need to complete all the modules in LMS to navigate the HHAeXchange system.
- Providers have access to job aides and guides in their Provider Portal.
- Training materials from HHAX will be available in Spanish, Hmong, Somali, Vietnamese, and Russian.

Third-party System Training

- All provider agency-level EVV staff need to complete the EDI module in LMS to navigate the HHAeXchange portal connected to their EVV system.
- Providers will have access to other modules in LMS to reference when using their portal to review data.
- Providers using a third-party EVV system need to work with their vendor for training in their EVV system.

Caregiver and Member Training

- All providers are responsible for training and ensuring caregivers, members and responsible parties feel comfortable with their chosen system.
- HHAX system users will have access to job aides and guides that can be used to aide in training caregivers, members and responsible parties on how to use the system.
- Providers may have to create additional training material to onboard caregivers, members and responsible parties.

Engagement and EVV Updates

DHS is committed to engaging providers, members, direct workers and other interested community members throughout the implementation of EVV.

Visit the DHS [Electronic visit verification](#) webpage to find the latest updates. Click the **Contact Us** tab to sign up to receive notification of updates and engagement sessions via email.

Contact information

HHAXchange

- Phone Number: 855-573-1521
- HHAX Users: MNsupport@hhaexchange.com
- Third-Party Users:
EDISupport@hhaexchange.com
 - System usage or training questions
 - System onboarding questions
 - All issues directly related to the system and technical questions

DHS EVV Team

- Email: DHS.128@state.mn.us
 - Policy-related questions
 - DHS-specific questions

Members and Caregivers

- Contact your provider agency with questions or concerns about EVV

Additional resources

- 21st Century Cures Act, EVV: [Section 12006\(a\) of the 21st Century Cures Act \(PDF\)](#)
- Minnesota EVV Statute: [Minnesota Statute 256B.073](#)
- Safe at Home: [Minnesota Statutes, Chapter 5B](#) and [Minnesota Rules Chapter 8290](#)
- HHAX [Minnesota Provider Information Center](#) webpage
- HHAX [Minnesota EVV – FAQs \(PDF\)](#)
- DHS [Electronic visit verification](#) webpage
- DHS [Electronic visit verification \(EVV\) Community-Based Services Manual](#)

Thank You!

Amanda Tamte

DSD Contact Form

DHS Electronic visit verification webpage