Washington State
Health Care Authority

Home health care services electronic visit verification implementation FAQ

What is electronic visit verification (EVV)?

EVV is a method used to verify home health care visits to ensure patients are not neglected and to cut down on fraudulently documented home visits. Home health care services (HHCS) providers will be required to have an EVV solution in place or risk having their claims denied or encounters rejected under a mandate included in the 21st Century Cures Act.

What HHCS EVV model did the Health Care Authority (HCA) choose?

HCA chose the provider choice model. This will allow providers to continue to use the EVV solutions they use today and provide flexibility.

What services are included in HHCS?

This covers any home health services included in the home health billing instructions and encounter data reporting guide.

Does HCA have an EVV solution recommendation?

No.

What should I do to meet requirements?

Providers will need to:

1. Procure an EVV solution.
2. Enroll current servicing providers. This is one of the data elements that is required to be submitted on the claim/encounter.
3. Submit the required data elements on all HHCS claims and encounters.

Does this pertain to Medicare crossover claims?

No.

How does this affect my billing?

Additional HHCS EVV data elements will be required on HHCS claims and encounters. This is for any HHCS claim or encounter submitted through an 837i or the provider portal.

What is the timeline for implementation?

ProviderOne began accepting the new HHCS EVV data elements July 1, 2023. The new data elements are required beginning January 1, 2024.

Will HCA be denying payments?

HCA will not deny claims and encounters without the EVV HHCA data elements for service dates of January 1, 2024 or later. Instead, HCA will enter into a period of technical assistance to ensure HHCS providers can provide the necessary data elements and continue to serve the Apple Health (Medicaid) population prior to starting to deny claims and reject encounters without the required EVV data elements. HCA will perform outreach to those providers not meeting EVV HHCS requirements starting January 1, 2024.

Should managed care organizations (MCO) deny claims without EVV HHCS data?

MCOs should not begin to deny EVV HHCS claims that do not have all the required EVV data elements with service dates starting January 1, 2024, as stipulated under 9.15.15 of the January 1, 2024 amendment to the MCO contract. Initially, there will be a period of technical assistance for providers to become compliant with EVV requirements. HCA will give notice to MCOs for when to begin denying claims without the required EVV HHCS data.

Do MCOs need to be ready to capture EVV HHCS data starting January 1, 2024?

Yes. MCOs must have their systems ready by January 1, 2024 to begin collecting EVV data elements on claims submitted by providers and send EVV HHCS data to HCA on encounters as detailed in the EDRG and companion guides. This is necessary for HCA's EVV HHCS reporting requirements to CMS, for HCA to monitor the number of claims without EVV HHCS data, and to identify which providers are not submitting EVV HHCS data.

How will further information be shared?

Information will be shared through:

- Billing instructions as they get updated
- Further HHCS provider distribution lists
- Encounter data reporting guide

More information

For more information, visit:

- HCA EVV HHCS webpage
- Medicaid Electronic Visit Verification page

Contact

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