



**HFS**

Illinois Department of  
Healthcare and Family Services

We improve lives.

## I. **Title: State Plan Home Health Care Service Electronic Visit Verification Compliance Policy for Home Health Care Service (HHCS) Providers**

### **Policy # HCBS-EVV-24-02**

#### **II. Background:**

Section 12006(a) of the [21st Century Cure's Act](#) requires states to mandate Electronic Visit Verification (EVV) for all Medicaid-funded personal care services (PSC) and home health care services (HHCS) that require an in-home visit by a provider. HHCS include nursing, physical therapy, occupational therapy, and speech therapy services. EVV is a technology-based system that efficiently verifies home healthcare visits. The EVV system collects information by capturing the time, location, and attendance of home care workers. EVV reduces the likelihood of error while promoting program integrity through a practical and simple monitoring system. It is designed to promote quality services and positive outcomes.

The Illinois Department of Healthcare and Family Services (HFS), as the State Medicaid agency, is responsible for enrolling and overseeing HHCS providers billing State Plan Medicaid and Illinois Medicaid Managed Care Organizations (MCOs) (HealthChoice and Medicare-Medicaid Alignment Initiative). All HHCS providers enrolled in the Illinois Medicaid Program Advanced Technology (IMPACT) system were required to begin using an EVV system to electronically track and document Medicaid-funded services included in the [State's Home Health Fee Schedule](#) by [December 31, 2023](#). HHCS providers may use the State-selected EVV vendor, [HHAeXchange](#) (HHA), or they can use a different qualified EVV vendor of their choice. When a different vendor is utilized, the EVV information must still be submitted to HHA for data aggregation. For this reason, HHCS providers using a vendor other than HHA, must verify that the vendor they select has compatible electronic data interchange (EDI) capability. Agencies can learn more about the EDI process by visiting HHA's Illinois [information hub](#) and clicking on the "EDI Process" tab.

#### **III. Compliance Requirements:**

All HHCS providers must actively use EVV by the effective date of this policy. HHCS provider agencies that have elected to use third-party systems but have not completed integration with HHA by **September 30, 2024**, MUST begin taking steps to use the free HHA option. The provider may remain with HHA's free service or return to the provider's third-party EVV system once third-party integration has been completed. HFS expects HHCS provider agency administrators to monitor the EVV compliance of their caregivers.

- HHCS provider agencies must track caregivers within their elected EVV system and/or HHA by [full Social Security Number \(SSN\) no later than October 17, 2024](#).
- HHCS provider agencies must acknowledge their obligations and attest to EVV compliance requirements outlined in this policy through signing the [HFS IMPACT Terms and Conditions](#) document.
- All HHCS providers, including EDI providers, have access to HHA. HFS recommends that EDI providers access HHA to ensure EVV data is accurately being transmitted to HHA from their respective EVV systems.

A compliant EVV visit is one that appropriately uses the EVV technology for both clock in and clock out functions and captures all six (6) elements required under the Federal 21st Century Cure’s Act. EVV must capture:

- The type of service performed.
- The individual receiving the service.
- The date of the service.
- The location of service delivery.
- The individual providing the service.
- The time the service begins and ends.

Any EVV entry not requiring a manual entry or adjustment is considered “EVV compliant.” Any EVV entry requiring a manual entry or adjustment is considered “EVV non-compliant.”

**i. Compliance Thresholds:**

The compliance thresholds relate to the percentage of provider visits that are EVV compliant. The compliance threshold timeframe will begin on **September 30, 2024**.

- All HHCS providers who were enrolled in IMPACT to bill State Plan Medicaid (fee-for-service), or MCOs PRIOR to the effective date of this policy must meet 50% compliance with EVV usage within 6 months of the effective date of this policy and must meet 75% compliance within 12 months.
- HHCS providers that enroll within IMPACT to bill State Plan Medicaid (fee-for-service), or MCOs AFTER this policy’s effective date must meet 50% compliance with EVV usage within 6 months of their IMPACT enrollment date and 75% compliance within 12 months.

HFS recognizes that there will always be cases of service provision where EVV could not be utilized due to equipment failure, worker error, etc.

HFS requires HHCS Provider agencies to have an EVV policy and procedure on file. HFS does not have any exemptions to this policy.

**IV. Compliance Monitoring and Remediation:**

Beginning, **October 31, 2024**, HFS will compare HHCS provider visit data to claims submissions and review average compliance rates for the overall at the end of every month.

- i. HHCS providers enrolled in IMPACT by the effective date of this policy with claim submissions that do not align with EVV data, or that have an average monthly compliance rate under 50% within six (6) months of IMPACT enrollment and required EVV usage, will be contacted by [HFS.EVV@illinois.gov](mailto:HFS.EVV@illinois.gov) at the e-mail address associated with the HHCS provider's IMPACT enrollment. HHCS providers are strongly encouraged to ensure their e-mail address and phone number in IMPACT is up to date.
- ii. HHCS providers enrolled in IMPACT by the effective date of this policy with claims submissions that do not align with EVV data, or that have an average monthly visit compliance rate which remains under 75% by October 31, 2025, will be contacted by HFS either by [HFS.EVV@illinois.gov](mailto:HFS.EVV@illinois.gov), phone, or USPS mail to develop a formal Compliance Action Plan (CAP). HHCS providers will be required to submit their remediation plans to [HFS.EVV@illinois.gov](mailto:HFS.EVV@illinois.gov) for HFS review and approval within thirty (30) days. From the point at which HFS approves the compliance remediation plan, the HHCS provider will have sixty (60) additional days to complete all remediation activities and ensure average monthly compliance rates are at 75% or above.
- iii. HHCS providers enrolling in IMPACT subsequent to the effective date of policy will be required to use EVV as soon as service provision is initiated. HFS will begin monitoring provider compliance at the end of the first month of service provision. For these providers, CAPs will be issued when the provider's average monthly compliance rate is under 75% or claims do not align with EVV data within one year of IMPACT enrollment and service provision.

## **V. Non-Compliance Penalties**

If 75% compliance is not achieved at the conclusion of the process as described in section IV, the HHCS provider will be referred to the Office of Inspector General (OIG) to investigate potential fraud, waste, and abuse that, if substantiated, could result in potential removal as an IMPACT provider.

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Effective Date: 3 September 2024

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Approved By: 

Date: 3 September 2024