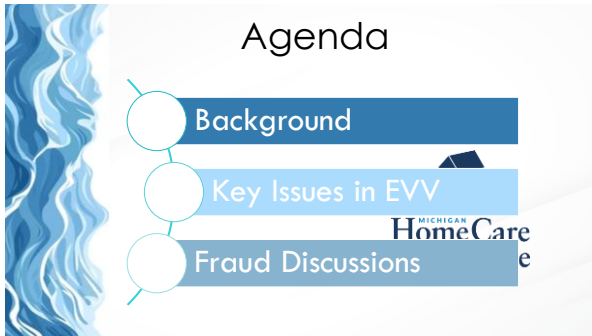
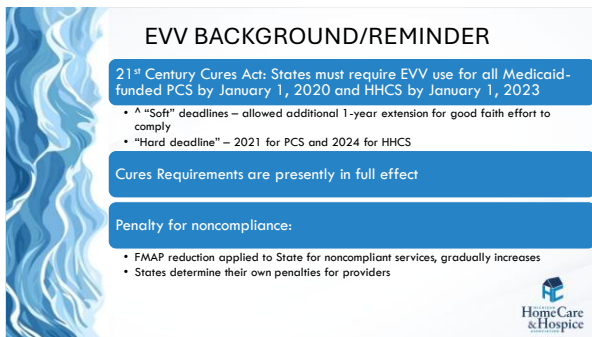


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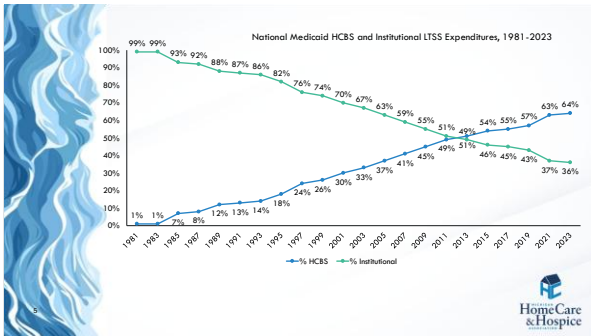
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ALLIANCE PRIORITIES

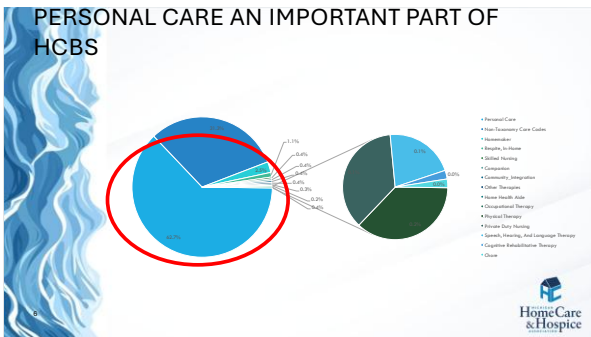
- Modify existing Electronic Visit Verification (EVV) requirements to reduce administrative burdens and exempt Medicaid home health services from these mandates.
- Push for regulatory action to implement nationwide EVV interoperability standards through the Office of the National Coordinator for Health Information Technology.
- Advocate for the publication of a Government Accountability Office (GAO) report to evaluate the implementation of the CURES Act requirements, including the determination of whether state processes were "minimally burdensome" to providers as required by law and whether the policy led to any cost savings.



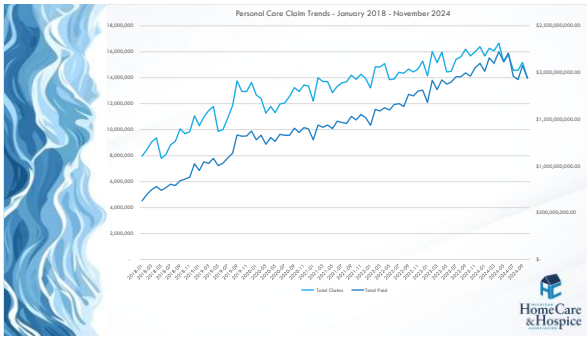
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FRAUD OVERSIGHT AND INVESTIGATIONS

CMS has focused on program integrity as a top priority

- Includes care at home services in both Medicare and Medicaid
- Personal care at the core of many CMS actions/concerns

Immediate actions are occurring in Minnesota, California, Maine, New York, and Florida

On April 21, Dr. Oz announced a 50-state provider 'revalidation' strategy

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Issues in Minnesota

State Medicaid Agency Identified 14 At-Risk Services

- Services found to be "at risk" of fraud
- Not necessarily indicating substantiated fraud

State Medicaid Agency initiated prepayment reviews of 14 services

- Led to claims (even 'clean' claims) held to the Federal maximum timeframe

CMS asserted insufficient action

- Required corrective action plan by Dec. 31
- CAP rejected by CMS, triggering 'deferral'
- CAP approved in March 2026

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Issues in Minnesota

Adult companion services.	Adult day services.
Adult rehabilitative mental health services.	Assertive community treatment.
Community First Services and Supports (CFSS)/ personal care assistance (PCA).	Early Intensive Developmental and Behavioral Intervention (EIDBI) services.
Housing Stabilization Services. Integrated community supports.	Individualized home supports. Intensive residential treatment services.
Night supervision services.	Nonemergency medical transportation services.
Peer recovery services.	Recuperative care services

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Congressional Activity



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CONSIDERATIONS FOR PROVIDERS

Audits and payment reviews likely to increase


Potential risk for payment delays/disallowances

Ensuring compliance will be crucial

- Improper payments are often treated similarly to fraud, even if not the same

Potential Activities:

- (1) Internal reviews of authorizations, documentation, all proper paperwork and coding
- (2) Review and ensure corporate compliance plan is updated
- (3) Training staff on procedures and requirements




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SO WHY DOES THIS MATTER FOR EVV?

- CMS is seeking to enhance state use of EVV to address concerns with oversight in HCBS:
- Example – Maine report from 2026:
 - CMS encourages Maine to establish program integrity policies and procedures for conducting post-payment reviews of PCS claims. These reviews should focus on identifying and investigating providers who may have an unusually high number of PCS visits that are manually entered or adjusted within the Electronic Visit Verification (EVV) system.
 - Furthermore, CMS encourages Maine to leverage EVV data when performing data analytics to identify outliers and patterns in post-payment reviews, enhancing the detection of potential program abuses.

<https://www.cms.gov/files/document/maine-fy2024-focused-pir-review-final-report.pdf>




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EVV AND HARD EDITS

- CMS has encouraged states to implement 'hard edits' where claims are not paid unless there is a matching EVV record
- State Example – Missouri:
 - Effective for dates of service April 1, 2026, and after, any claim for services that requires Electronic Visit Verification (EVV), **will be denied** if there is no matching visit in the EVV Aggregator Solution (EAS). This means that beginning with your April 24, 2026, check/deposit (which is for claims processed on the April 10, 2026, Remittance Advice), you **will not receive payment** for claims that are non-compliant with EVV.
- Other Examples of Hard Edits in Place:
 - Ohio
 - North Carolina
 - Texas


<https://mydas.mo.gov/infod/notifips/evv-claims-validation-non-compliant-claims-will-deny-beginning-april-1-2026>



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KEY AREAS FOR COLLABORATION AND IMPROVEMENT

Communication:	Ensuring that EVV policy and requirements are coordinated across state agencies, health plans, and technology companies Providing opportunities for meaningful provider input and feedback to improve operations
Interoperability:	Many state aggregators are not easily interfaced with, causing challenges to providers with their own systems Different states have different requirements, creating issues for multi-state providers
NPI or SSN requirements:	Some states require NPIs or SSNs as a unique identifier, which is not always compatible with business operations and enrollment May be a push for all DCWs to get NPIs, given recent CMS actions
Penalties:	Concern and confusion about how penalties will be applied Need clear and consistent definitions regarding threshold and allowability of manually entered and non-compliant visits



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COMMON CHALLENGES


Transaction Matching

CMS measures of state EVV systems include the performance indicator:

- (Number of paid claims and encounters that have complete EVV visit records matched) / (Number of paid claims and encounters for PCS and/or HHCS)
- Claims and encounters counted in this calculation are those that are non-duplicative and were paid during the quarter.
- This metric does not stipulate how a state chooses to associate an EVV record with its corresponding claim or encounter.

Recommendations:

- Clear specificity from States, applied consistently across the state and plans, regarding the method of matching to claims (FFS) AND to encounters (in MCOs)
- Descriptive / easily understood error codes/denial reasons when issues with claims and EVV data matching occur




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COMMON CHALLENGES

Rural connectivity issues → CMS discussed in prior guidance

- Considerations for EVV implementation in rural areas--
 - The Cures Act does not require telephone access and/or internet connection for individuals receiving services to comply with the EVV requirement as long as the system meets the six minimum data requirements.
 - States can consider multiple options, such as batch reporting of data when there is not a sufficient cellular signal available.
- State Example: New Mexico issues tablets to providers with capabilities to store data up to seven (7) days and upload the visit data at a later date. Service providers would only need internet access once a week and could focus more on service delivery than connecting to the internet.

Source: <https://www.medicaid.gov/medicaid/home-community-based-services/downloads/evv-requirements-workshop.pdf>



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COMMON CHALLENGES

Backup Plan for When Software Companies Systems are Down

State requirements (measured by CMS) require reporting on system "uptime" → this is a state compliance measure and doesn't capture the impact on providers

- Provider compliance measurement and penalties is at state discretion, though CMS is pushing for "hard edits"
- Consider option to exclude visits from calculation (both numerator and denominator) for provider compliance scores if a demonstrated software issue beyond control of provider prevented EVV

"Store and forward" (discussed earlier) is one other option for addressing aggregator downtime



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Damon Terzaghi
National Alliance for
Care at Home
dterzaghi@allianceforcareathome.org



MICHIGAN
Home Care
& Hospice
ASSOCIATION
