



CMCS Informational Bulletin

DATE: October 24, 2019

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SUBJECT: **Outcomes-based Certification for Electronic Visit Verification (EVV) Systems**

This informational bulletin describes the Centers for Medicare & Medicaid Services' (CMS) plan for a streamlined, outcomes-based approach to certify Electronic Visit Verification (EVV) systems used for all Medicaid personal care services and home health services requiring an in-home visit by a provider. Per section 1903(l) of the Social Security Act (the Act), as added by the 21st Century Cures Act ("Cures Act," Pub. L. No. 114-255), states are eligible to receive enhanced, 90% Federal Financial Participation (FFP) to design, develop, and implement EVV systems, which then must be certified to continue to receive enhanced funding.¹ In addition to system requirements outlined under section 1903(l) of the Act, for purposes of receiving the enhanced FFP for development, EVV systems fall under the definition of a "mechanized claims processing and information retrieval system at 42 CFR 433.111(b), and are subject to the following provisions at 42 CFR Part 433 Subpart C—Mechanized Claims and Processing Information Retrieval Systems:

- 433.112(b)(14) – [the system must] support accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public, and,
- 433.112(b)(15) – [the system must] produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

Outcomes-based certification will be tested and implemented incrementally across the Medicaid Enterprise Systems; EVV systems are the first to be certified based upon outcomes and reporting. Focusing on outcomes helps to ensure state information technology investments produce the desired business outcomes for the Medicaid program. CMS defines outcomes through collaboration with states to define target outcomes, evaluation criteria, and Key Performance Indicators (KPIs). Outcomes-based certification is being designed to:

- Improve CMS' and states' ability to monitor and measure the business outcomes of investments in technology,
- Provide data to support CMS funding decisions (for FFP and for Federal Medical Assistance Percentage [FMAP] - see Background section), and,
- Reduce burden on states and CMS during certification.²

This bulletin provides an overview of the EVV certification process for states requesting enhanced

¹ Section 1903(1)(6)(A) of the Act authorizes 75% FFP for the operation and maintenance of EVV systems.

² Based on evidence gathered during a pilot test of the EVV outcomes-based certification process, CMS anticipates as much as a 75% burden reduction in terms of staff time for states that are subject to EVV certification.

FFP for their EVV solutions. This bulletin does not address the self-attestation process CMS uses to inform its FMAP decisions.

Background

Section 1903(l) of the Act, as added by section 12006 of the Cures Act (Pub. L. No. 114-255) and further amended by Public Law No. 115-222, stipulates states will be subject to a reduction in FMAP if they do not implement EVV for personal care services by January 1, 2020, and for home health care services by January 1, 2023, absent a one-year extension based on CMS approval of a state's Good Faith Effort application.³

Streamlined and Outcomes-based EVV Certification

Outcomes-based certification for EVV systems is structured around the following elements:

- **Outcome statements.** These describe the desired results once the system is implemented. CMS-provided outcomes are based on the six elements listed in section 1903(l)(5) of the Act.
- **Evaluation criteria and required evidence.** These correspond to outcome statements and are used by a state and CMS to evaluate the system's functionality and its compliance with laws, regulations, and industry good practices.
- **KPIs.** These metrics support the outcome statements. They are used to track the performance of the system over time.

For EVV certifications, states will use the established outcomes, along with their corresponding evaluation criteria and KPIs. States will not be required to use the current certification process found in the Medicaid Enterprise Certification Toolkit (MECT), nor to complete a Project Partnership Understanding for EVV. Except for the certification request letter, states will not submit the artifacts listed in MECT Appendix B.

While formal Project Initiation Milestone Reviews will no longer be conducted for EVV, CMS will continue to provide technical assistance to states in the planning phases of their systems development life cycles. The streamlined, outcomes-based certification process for EVV is found at [Medicaid.gov EVV page](#).

EVV Qualification for Enhanced FFP

To qualify for enhanced FFP under the outcomes-based certification process, a state's EVV solution (whether solely a data aggregation function or a state-procured, beneficiary-facing software suite):

- Must comply with the appropriate security and privacy requirements of the Health Insurance Portability and Accountability Act
- Must accurately capture the required six data elements listed in the section 1903(l)(5) of the Act and use the data to edit claims and review encounter data⁴

In addition, beneficiary-facing state-operated EVV solutions:

³ Section 1903(l)(4) of the Act allows states to delay implementation of EVV for up to one year if they can demonstrate that they have made a good faith effort to comply and have encountered unavoidable delays. The CMS notice on this issue is available at [EVV Guidance Update: Requests from States for Good Faith Effort Exemptions](#).

⁴ Per pp. 7-8 of the [Frequently Asked Questions \(FAQs\)](#) issued in 2018, CMS requires states to demonstrate the use of EVV systems relative to provider claims and tracking of services in the Medicaid Management Information System (MMIS) as a condition for reimbursement of expenditures for personal care and home healthcare services.

- Must include training and stakeholder outreach, per section 1903(l)(2) of the Act
- For beneficiary-facing functions, must be accessible to persons with disabilities, per the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, 36 CFR Part 1194, 42 CFR 431.206, and 45 CFR Part 80
- Must provide support for non-native English speakers, per the Civil Rights Act of 1964 and the Affordable Care Act of 2010

These and other requirements for certification are embodied in the EVV certification evaluation criteria, which can be found on [Medicaid.gov EVV page](#).

EVV Reporting

Per 42 CFR §433.112(b)(15), enhanced funding is contingent on the system being able to “produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.” In accordance with this condition, states will report on EVV KPIs as part of outcomes-based certification. The purpose of this reporting is to ensure solutions are meeting regulatory requirements, as well as the state’s program goals.

For More Information

States are encouraged to discuss EVV plans with their CMS Medicaid Enterprise System state officers, who can provide state-specific advice for transitioning to the outcomes-based certification process.