EVV compliance reviews: What you need to know to help avoid noncompliance enforcement actions

Program providers, financial management services agencies (FMSAs), including proprietary system operators (PSOs), who fail to meet the required 80% for Electronic Visit Verification (EVV) usage in a state fiscal year quarter may receive a notice of noncompliance that enforces 1 or more of the following actions based on a 24-month period.

Refer to the HHSC EVV Policy Handbook, section 11010 – EVV Usage Reviews, for additional information.

Program provider and FMSA enforcement actions

- For the first occurrence within a 24-month period, UnitedHealthcare will require more EVV training to be completed within 20 business days of receiving the notice of noncompliance
  - If you fail to complete the required training, UnitedHealthcare **may** temporarily withhold Medicaid claim payments until the requirement is met
  - If the minimum EVV Usage Score is not met for the following quarter from the date of the notice of noncompliance, UnitedHealthcare **may** apply a corrective action plan (CAP)
- If there are **2 or more** occurrences within a 24-month period, UnitedHealthcare may require a CAP to be completed within 10 business days of the notice of the noncompliance receipt
  - If you fail to complete the CAP requirement, UnitedHealthcare **may** temporarily withhold Medicaid claim payments until the requirement is met
  - If the minimum EVV Usage Score is not met for the following quarter from the date of accepted CAP, UnitedHealthcare **may** initiate termination of the contract
- If there are 3 or more occurrences within a 24-month period, UnitedHealthcare **may propose** a contract termination if UnitedHealthcare followed the above progressive actions. This includes EVV Usage Scores for a total of 3 quarters within a 24-month period.
  - UnitedHealthcare must conduct due diligence to ensure the noncompliance was not caused by payer errors (e.g., late authorization or missing or incorrect HCPCS, modifiers, service groups or codes), EVV system outages or natural disasters

Consumer-directed services employer enforcement actions

Consumer-directed services (CDS) employers who fail to meet the required 80% for EVV usage in a state fiscal year quarter may receive a notice of noncompliance enforcing 1 or more of the following actions based on a 24-month period.

Reference the HHSC EVV Policy Handbook, section 11010 – EVV Usage Reviews, for additional information.

- For the first occurrence within a 24-month period, UnitedHealthcare will require more EVV training to be completed within 20 business days of receiving the notice of noncompliance
  - If the minimum EVV Usage Score is not met for the following quarter from the date of the notice of noncompliance, UnitedHealthcare **may** apply a CAP

- If there are **2 or more** occurrences within a 24-month period, UnitedHealthcare may require a CAP to be completed within 10 business days of the notice of the noncompliance receipt
  - If the minimum EVV Usage Score is not met for the following quarter from the date of accepted CAP, UnitedHealthcare **may** propose that the CDS employer be removed from the CDS option
- If there are 3 or more occurrences within a 24-month period, UnitedHealthcare **may** propose that the CDS employer be removed from the CDS option
- UnitedHealthcare must conduct due diligence to ensure the noncompliance was not caused by payer errors (e.g., late authorization or missing or incorrect HCPCS, modifiers, service groups or codes), EVV system outages or natural disasters

Alternative device reviews

Program provider and FMSA enforcement actions

Program providers, FMSAs, including PSOs, that exceed the allowable percentage of EVV visits using an alternative device in a state fiscal year quarter may receive a notice of noncompliance enforcing 1 or more of the following actions based on a 24-month period.

- For the first occurrence within a 24-month period, UnitedHealthcare will require the program provider or PSO to train the service provider on another approved EVV clock-in/out method within 20 business days of receiving the notice of noncompliance
  - If the alternative device usage requirement is not met in the quarter following the notice of noncompliance, UnitedHealthcare **may** apply a CAP
- If there are **2 or more** occurrences within a 24-month period, UnitedHealthcare will require a CAP to be completed within 10 business days of the notice of the noncompliance receipt
  - If you fail to complete the CAP requirement, UnitedHealthcare **may** place a vendor hold until the requirement is met
  - If the alternative device usage compliance is not met for the following quarter from the date of accepted CAP, UnitedHealthcare **may** initiate termination of the contract
- If there are 3 or more occurrences within a 24-month period, UnitedHealthcare **may** propose a contract termination if UnitedHealthcare followed the above progressive actions. This includes alternative device usage noncompliance for a total of 3 quarters within a 24-month period.

CDS employer enforcement actions

CDS employers that exceed the allowable percentage of EVV visits using an alternative device in a state fiscal year quarter may receive a notice of noncompliance enforcing 1 or more of the following actions based on a 24-month period.

- For the first occurrence within a 24-month period, UnitedHealthcare will require the CDS employer to train the CDS employee on another approved EVV clock-in/out method within 20 business days of receiving the notice of noncompliance. CDS employers should contact their FMSA with any questions or concerns.
  - If the alternative device usage requirement is not met in the quarter following the date of the notice of noncompliance, UnitedHealthcare **may** apply a CAP
- If there are **2 or more** occurrences within a 24-month period, UnitedHealthcare will require the CDS employer to complete a CAP within 10 business days of the notice of noncompliance. CDS employers should contact their FMSA with if they have questions or need help completing a CAP.

- If you fail to complete the CAP requirement, CDS employers may reassess whether the CDS option remains appropriate. CDS employers should consult with their FMSA if help is needed when completing a CAP.
- If the alternative device usage requirement is not met in quarter following the date of the accepted CAP, UnitedHealthcare **may** recommend removal from the CDS option

- If there are 3 or more occurrences within a 24-month period, UnitedHealthcare **may** recommend removal from the CDS option if UnitedHealthcare followed the above progressive actions. This includes alternative device usage noncompliance for a total of 3 quarters within a 24-month period.

Landline phone verifications

Program providers, FMSAs and CDS employers must use the EVV landline phone verification report to identify unallowable phone types. Payers also use this report for EVV landline phone verification reviews.

Program providers, FMSA or PSOs who fail to meet the required actions within 20 business days of the notice of noncompliance may result in UnitedHealthcare temporarily withholding Medicaid claim payment until the required actions are met.

CDS employers that fail to meet the required actions within 10 business days of notification by the FMSA or FMSA approved as a PSO may be placed on a CAP.

Required actions when an unallowable phone type is identified

- Program providers
  - Verify and document that the phone type is allowable; or
  - Remove the unallowable phone type from the EVV system and ensure a valid landline or another approved clock-in/out method is used
  - Follow any payer instructions in a notice of noncompliance
- FMSAs
  - Notify the CDS employer of the unallowable phone type
  - Work with the CDS employer to:
    - Verify and document the phone type is allowable; or
    - Remove the unallowable phone type and ensure a valid landline or another approved method is used
  - Follow any payer instructions in a notice of noncompliance
- CDS employers
  - Provide documentation showing the current number is allowable; or
  - Provide a valid landline number; or
  - Select another approved clock-in/out method and inform the FMSA

Questions? We're here to help.
Refer to the HHSC EVV Policy Handbook, section 11010 – EVV Usage Reviews, for additional information.
If you have further questions, reach out to your provider advocate or contact Provider Services at **uhc_cp_prov_relations@uhc.com** or **888-787-4107**, Monday–Friday, 8 a.m.–4 p.m.