What is Electronic Visit Verification (EVV)?

Electronic Visit Verification (EVV) is a technology that automates the gathering of service information by capturing time, attendance, and care plan information entered by a home care worker at the point of care. EVV gives providers, care coordinators, and DCH access to service delivery information in real time to ensure there are no gaps in care throughout the entire course of the service plan. The technology contributes to Georgia Medicaid’s mission of providing access to affordable, quality health care services for Medicaid members. At a minimum, EVV electronically verifies the:

- Type of service performed;
- Individual receiving the service;
- Individual providing the service;
- Date the service was provided;
- Location of service delivery; and
- Time the service begins and ends.

Providers can contact DCH at:

- The Department of Community Health (DCH)
  Email: evv.medicaid@dch.ga.gov
  Web: https://medicaid.georgia.gov/georgia-electronic-visit-verification

The 21st Century Cures Act will change the way home health agencies deliver services. The act sets new mandates for states to establish policies for EVV of Medicaid-funded home care. Notably, the dollar amount of improper Medicaid payments has more than doubled since 2013, increasing to $29.1 billion in fiscal 2015 from $14.4 billion in fiscal 2013. The Cures Act seeks to fight Medicaid fraud and improve member care quality through implementing EVV systems to provide accountability of services rendered.

The 21st Century Cures Act and EVV

Electronic Visit Verification (EVV) is a federal mandate under the 21st Century Cures Act. States are required to implement EVV for Medicaid-financed Personal Support Services and Home Health Care Services by January 1, 2020 and January 1, 2023, respectively.

The 21st Century Cures Act requires states to implement EVV to avoid an escalating reduction in the federal funding match. Under the Act, and with CMS approval, EVV systems operated by the State or a contractor on behalf of the State qualifies for enhanced Federal Medical Assistance Percentage (FMAP) matching funds (90% for implementation, 75% for ongoing costs).