

**To:** All Providers

**From:** Khristine Brewington, VP of Network Management, MS, LCMHC, LCAS, CCS, CCJP

**Date:** December 9, 2020

**Subject:** Electronic Visit Verification (EVV) Implementation **Paused**

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### **ELECTRONIC VISIT VERIFICATION (EVV)**

The 21st Century Cures Act (Section 12006a) and The Center for Medicare & Medicaid Services (CMS) mandated that States begin utilizing an Electronic Visit Verification (EVV) system for Personal Care Services (PCS) that require an in-home visit by January 1, 2021, and all Home Health Care Services by January 1, 2023.

In order to comply with this requirement, Trillium partnered with an external vendor, HHAeXchange to provide an easy-to-use EVV tool that encompasses member placement, scheduling, communication and direct billing for Home Health Aide services.

Per communication from NCDHHS on Friday, December 4, 2020, the State has made the decision to pause EVV implementation for at least three months for the LME-MCOs and LME-MCO providers. The intent of this delay is to ensure the most efficient solution for EVV implementation within North Carolina and the provider community. Trillium is temporarily pausing EVV implementation activities at this time as we continue to work through EVV design guidance with the State, the provider community, our vendor, and other LME-MCOs. We will continue to keep providers informed as we work through this process.

Trillium would like to provide some points of clarification regarding EVV based upon communication with our partners with the Department of Health and Human Services (DHHS).

DHHS has clarified that the services provided by Relatives as Provider (RAP) are exempt from EVV.

It is important to note this means Relatives as Provider cannot be required to follow the same expectations as direct care staff who provide services which do qualify under EVV.

It is also important to note that as providers begin to implement EVV, they are not to impose restrictions on members and families that violate Clinical Coverage Policy.

This includes requiring Community Living and Support to begin or end in the member's home. Clinical Coverage Policy states that Community Living and Support "...may be provided in the home or community."

Trillium has received multiple concerns about the inclusion of Community Living and Support and other Innovations Waiver services as being subject to EVV requirements. These requirements include, but are not limited to: the service including habilitative components (not just personal care), knowing when services provided qualify for EVV (i.e. services solely in the home qualify for EVV and services provided solely in the community do not), having to bill different systems depending upon whether or not a service qualifies under EVV, inability to distinguish RAPs from other direct care staff when billing, etc. Please know that we have heard your concerns. We are working with our partners at DHHS to develop an implementation plan that addresses these concerns while ensuring compliance with federal law. We will share information regarding EVV and its implementation as information is made available.

For additional information on EVV implementation and EVV Service Codes that impact Trillium's compliance, please visit:

 [Trillium EVV webpage](#)

 [NC Medicaid Division of Health Benefits EVV](#)

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Any questions about this Communication Bulletin may be sent to the following email: [NetworkManagement@TrilliumNC.org](mailto:NetworkManagement@TrilliumNC.org). These questions will be answered in a Q&A format and published on Trillium's website.