

**HFS**Illinois Department of
Healthcare and Family Services

We improve lives.

Title: Electronic Visit Verification (EVV) Compliance Policy for State Plan Home Health Care Service (HHCS) Providers

I. Background:

Section 12006(a) of the [21st Century Cures Act](#) requires states to mandate Electronic Visit Verification (EVV) for all Medicaid-funded personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider. HHCS include nursing, physical therapy, occupational therapy, and speech therapy services. EVV is a technology-based system that efficiently verifies home healthcare visits. The EVV system collects information by capturing the time, location, and attendance of home care workers. EVV reduces the likelihood of error while promoting program integrity through a practical and simple monitoring system. It is designed to promote quality services and positive outcomes.

The Illinois Department of Healthcare and Family Services (HFS), as the State Medicaid agency, is responsible for enrolling and overseeing HHCS providers billing State Plan (fee-for-service) Medicaid, HealthChoice Illinois (HCI) Managed Care Organizations (MCOs), and Illinois Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) MCOs. All HHCS providers enrolled in the Illinois Medicaid Program Advanced Technology (IMPACT) system were required to begin using the State-selected EVV vendor, [HHAeXchange](#) (HHA), or transmitting visit data to HHA from a different qualified EVV vendor of their choice by December 31, 2023. Service codes in scope for EVV are included in both the [State's Home Health Fee Schedule](#) and outlined in the "Services in Scope" section of [HHA's Illinois Information Hub](#). When a different vendor is utilized, the vendor must offer a visit verification method capable of capturing all six elements outlined in section III below and must transmit EVV information to HHA for data aggregation. For this reason, HHCS providers using a vendor other than HHA, must verify that the vendor they select has compatible electronic data interchange (EDI) capability. Agencies can learn more about the EDI process by reviewing with their vendors HHA's ["Getting Started Checklist for Illinois State-Sponsored Alternative EVV Providers."](#)

II. Compliance Requirements:

All HHCS providers must ensure EVV readiness prior to initiating service provision and billing HFS, HCI MCOs, or FIDE SNP MCOs. This includes confirmation of active enrollment in IMPACT, completion of HHA's Illinois Provider Enrollment Survey and receipt of portal credentials, completion of HHA's ["Getting Started Checklist for Illinois State-Sponsored Providers"](#) (providers planning to use HHA) or ["Getting Started Checklist for Illinois Alternate EVV Providers"](#)

(providers using a third-party EVV system), and successful integration of a third-party EVV vendor with HHA when applicable. HHCS provider agencies with third-party systems incapable of successfully integrating and transmitting visit data to HHA for aggregation prior to services provision and billing must use the free HHA option. HFS expects HHCS provider agency administrators to monitor the EVV compliance of their caregivers.

- HHCS provider agencies were required to ensure caregiver records within HHA or transmitted to HHA by a third-party EVV vendor include the [full caregiver Social Security Number \(SSN\) no later than October 17, 2024](#).
- HHCS provider agencies must acknowledge their obligations and attest to EVV compliance requirements outlined in this policy through signing the [HFS IMPACT Terms and Conditions](#) document.
- All HHCS providers, including EDI providers, have access to HHA. HFS recommends that EDI providers access HHA consistently to ensure EVV data is accurately being transmitted to HHA from their respective EVV systems.
- HHCS provider agencies are required to use either HHA's or a third-party EVV vendor's mobile application for visit verification. The mobile application must be capable of capturing GPS location at the start and end of service delivery and ideally, include an offline feature for use in areas with poor cellular connectivity.

A compliant EVV visit is one that appropriately uses the EVV technology for both clock in and clock out functions and captures all six (6) elements required under the Federal 21st Century Cure's Act. EVV must capture:

- The type of service performed.
- The individual receiving the service.
- The date of the service.
- The location of service delivery.
- The individual providing the service.
- The time the service begins and ends.

Any EVV entry not requiring a manual entry or adjustment is considered "EVV compliant." Any EVV entry requiring a manual entry or adjustment is considered "EVV non-compliant."

i. Compliance Thresholds:

The compliance threshold relates to the percentage of provider visits that are EVV compliant. HHCS providers were required to reach and maintain 75% overall visit compliance by or before 09/30/2025. The absence of visit data in the HHA portal when an agency is submitting billing to HFS, FIDE-SNP MCOs, or HCI MCOs is also considered noncompliance.

HFS recognizes that there will always be cases of service provision where EVV could not be

utilized due to equipment failure, worker error, etc.

HFS requires HHCS Provider agencies to have an EVV policy and procedure on file. HFS does not have any exemptions to this policy.

III. Compliance Monitoring and Remediation:

On the 15th of every month, HHCS provider agency representatives with administrative profiles in HHA will receive the Know Your Numbers (KYN) report from HHA that outlines compliance rates for the preceding SFY quarter and current SFY quarter to date. Compliance must minimally meet the State thresholds of 75% each quarter. Overall compliance percentage is measured based on visit data from the start to the end of each SFY quarter and does not roll over from one quarter to the next. SFY quarters are as follows:

- July 1 – September 30
- October 1 – December 31
- January 1 – March 31
- April 1 – June 30

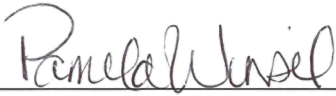
At the conclusion of each SFY quarter, HFS will review average visit compliance rates and visit data to claims submissions for each HHCS provider agency. HHCS provider agencies with claims absent visit data or an average SFY quarterly compliance rate under 75% will be subject to the remediation schedule outlined below:

1. **First quarterly compliance occurrence:** The HHCS provider agency will receive a formal noncompliance notice from HFS.EVV@illinois.gov, requiring agency staff with administrative roles to complete HHA Learning Management System (LMS) modules within 30 days of receiving notice of noncompliance. HHA will provide HFS with reporting to verify completion of LMS remediation requirements.
2. **Second quarterly compliance occurrence:** Continued noncompliance for two consecutive SFY quarters will result in HFS issuing a second formal noncompliance notice, requiring the HHCS provider agency to develop and submit a Compliance Action Plan (CAP) to HFS.EVV@illinois.gov within 10 business days of receiving the notice of noncompliance. Once HFS reviews and approves the CAP, the agency will have no longer than 20 business days to implement all steps of their CAP. Agencies must document evidence of CAP completion activities per the CAP notice and provide to HFS upon request.
3. **Third quarterly compliance occurrence:** Continued noncompliance for three consecutive SFY quarters will result in HFS issuing a third formal notice of noncompliance to the agency, as well as notify the HFS Office of the Inspector General (OIG) for investigation.

**State Plan Home Health Care Service Electronic Visit
Verification Compliance Policy**
Policy # HCBS-EVV-24-02

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Approved By: 

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