

PROVIDER BULLETIN

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April 21, 2023

ELECTRONIC VISIT VERIFICATION

Applies to: PERSONAL CARE SERVICE PROVIDERS

Effective date: April 21, 2023

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- **Electronic Visit Verification Requirements**
 - **Common Transmittal Issues**
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The purpose of this bulletin is to remind personal care service providers of the requirements to utilize Electronic Visit Verification (EVV) and to draw attention to common data transmittal errors identified within the EVV Aggregator Solution (EAS).

EVV Requirements

All providers of Medicaid funded personal care services have been required to use EVV to document services delivered to participants in the home since January 1, 2021. Effective November 8, 2021, EVV systems supporting Missouri providers were required to exchange visit data with EAS hosted by Sandata Technologies.

Providers are responsible for ensuring the EVV vendor they contract with is sending timely and accurate visit data to EAS. All providers are expected to log into EAS a minimum of once weekly to verify accuracy of their visit data. Agencies with no data in EAS are out of compliance with EVV requirements and are subject to sanctions or termination of their state contract.

If providers are unable to log in to EAS to view visit data, or are able to log in but are not seeing visit data then providers must verify the following steps have been completed:

- The provider has registered their EVV vendor with Sandata
- The provider has completed online Learning Management System (LMS) training
- The EVV vendor is sending visit data on behalf of the provider

Failure to complete each of these steps will result in non-compliance with EVV requirements.

MHD's Constituent Education Unit has developed a new online educational module focused on EVV requirements in Missouri. This comprehensive resource is available at [EVV Resource](#) and is a beneficial tool in understanding EVV expectations.

Common Transmittal Issues

The state has identified common issues occurring with visit data being sent to EAS. These errors may cause visits to be flagged for audit purposes. The following bullet points detail some of the issues/errors:

- **Invalid member DCN and date of birth combination.** The DCN and date of birth sent to EAS must match what is contained in the state record which can be verified on eMOMED. If these data elements do not match, visits will be rejected.
- **Incorrect linking of procedure code to provider account.** Providers must have a separate unique EAS account for each type of service they provide, such as state plan, aged and disabled waiver, or services for the developmentally disabled. These accounts must contain only the related service. See the service table available at <https://dss.mo.gov/mhd/providers/pdf/pcs-provider-services-reference-table.pdf> for details regarding which services (procedure codes) are to be submitted to each unique account.
- **Incorrect entry of employee information.** The Family Care Safety Registry (FCSR) number is a unique identifier for an individual caregiver. Each employee must be entered into EAS with only one FCSR number. It is not acceptable to enter any number other than what has been assigned by FCSR or use the same number for multiple caregivers. For more information about FCSR, see <https://dss.mo.gov/mhd/providers/pdf/bulletin44-09.pdf>.
- **Frequency of visit data transmission.** The state requires visit data be sent to EAS in as near to real time as possible. Providers should send visit records to their EVV vendor at least once a day even if they are incomplete. EVV vendors must send all records to EAS at least once **daily**. Visits submitted on a weekly or monthly basis are out of compliance with EVV requirements.
- **Documentation of manual visits or adjustments.** Any time an EVV visit is changed for any reason or submitted manually, EAS should reflect the type of change and the name of the individual who made the update or manual entry in the visit history. It is not appropriate for the visit to state 'system' or other generic verbiage to indicate who took the action. This information is necessary for audit purposes and required by state regulations.
- **Incorrect entry of call times.** The Call In and Call Out times reflected in EAS should be entered by the caregiver at the time of the visit. Using a schedule with Start and Stop times does not meet EVV requirements and results in a non-compliant visit.

Providers are responsible for making sure EVV vendors are doing what is required of them by having an authorized staff member log into EAS to ensure the following requirements are met:

- Visit data exists for all members that have received Medicaid funded EVV services.
- All visits should be in a verified status.

For information about how to log in to EAS, contact MOAltEVV@sandata.com.

EVV related bulletins, administrative rules and other announcements are available on MO HealthNet's website at <https://dss.mo.gov/mhd/providers/electronic-visit-verification.htm>.

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's

applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

[Provider Bulletins](#) are available on the [MO HealthNet Division \(MHD\) website](#). Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Providers and other interested parties are urged to [subscribe](#) to the electronic **MO HealthNet News** mailing list to receive automatic notifications of [provider bulletins](#), [provider hot tips](#), provider manual updates, and other official MO HealthNet communications via email.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Before delivering a service, please check the patient's eligibility status by swiping their MO HealthNet card, calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and choosing Option One or using the Participant Eligibility option in [eMOMED](#). Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan.

[MHD Education and Training](#) offers schedules for interactive web based trainings for providers and general and program specific educational resources.

Provider Communications
573-751-2896