Missouri Department of Social Services

MoHealthNet

Provider Bulletin

Volume 46 Number 22 | http://dss.mo.gov/mhd/ | October 30, 2023

Home Health Electronic Visit Verification

Applies to: Home Health Providers

Effective date: October 31, 2023

- **Electronic Visit Verification (EVV)**

Electronic Visit Verification (EVV)

In accordance with the 21st Century CURES Act and **13 CSR 70-3.320**, providers are required to utilize an electronic visit verification (EVV) system to document services rendered related to the delivery of all Home Health Program services (except supplies) provided by an enrolled Medicare-certified and state-licensed home health agency. The EVV system must have the ability to exchange data with the EVV Aggregator Solution (EAS) hosted by Sandata Technologies.

Providers are responsible for registering their contracted EVV vendor with Sandata and ensuring the EVV vendor sends timely and accurate visit data to the EAS. All providers are expected to log onto EAS a minimum of once weekly to verify accuracy of their visit data. Agencies with no data in EAS for participants that have received Medicaid-funded home health care services requiring the use of EVV are out of compliance with EVV requirements. It is the responsibility of each provider to ensure all EVV data is available for inspection by the Departments of Social Services and Health and Senior Services and to report any suspected falsification of data to the Missouri Medicaid Audit and Compliance Unit (MMAC). Providers found to be out of compliance with EVV requirements will be subject to administrative actions by MMAC.

MO HealthNet Division's Constituent Education Unit has developed a new online educational module focused on EVV requirements in Missouri. This comprehensive **EVV Resource** is a beneficial tool in understanding EVV expectations.

Refer to the **Electronic Visit Verification webpage** for more EVV information, such as bulletins, administrative rules and other announcements.

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 appropriate Provider Manual Archives.

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