



# MO ALLIANCE FOR CARE AT HOME

## EVV COMPLIANCE MADE SIMPLE

OCTOBER 2025

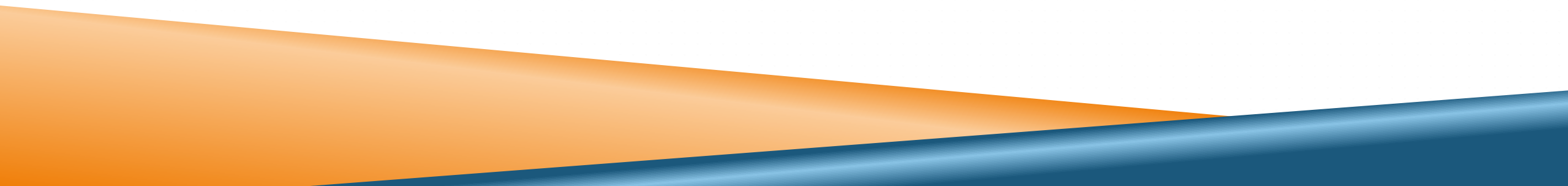
# ELECTRONIC VISIT VERIFICATION

Electronic Visit Verification (EVV) is a method of utilizing technology to capture point of service information related to the delivery of in-home services.



# EVV Service Verification

All EVV systems must capture the following:

- **Type of service** performed
    - Tasks for Agency Model and Consumer Directed Services (CDS)
    - Memo for Division of Developmental Disability (DDD) Services
  - **Individual receiving** the service
  - **Date** of the service
  - **Location** of service delivery when the service begins and ends
  - **Individual providing** the service
  - **Time** the service begins and ends
- 

# Open Model-Provider Choice

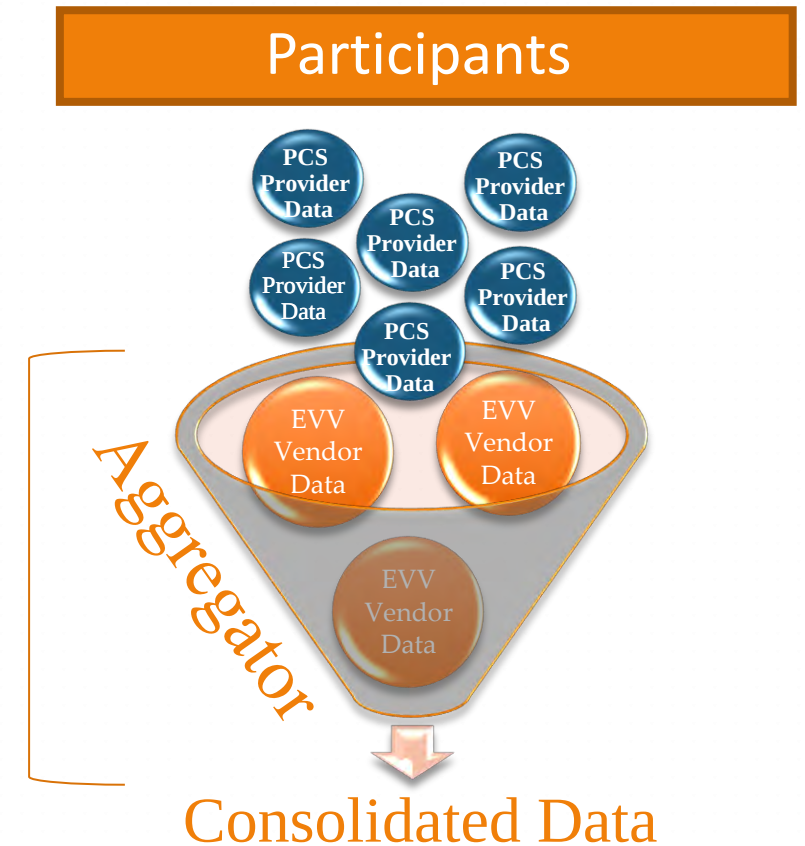
MO Department of Social Services (DSS) chose an open model for EVV which allows providers to use an EVV system of their choice. Missouri partnered with Sandata Technologies, LLC. to provide a vendor-neutral EVV Aggregator Solution (EAS).



# EVV Aggregator Solution (EAS)

The **EVV Aggregator Solution (EAS)** collects visit data from all EVV systems operating in Missouri.

- Visit data is standardized against business rules set in Missouri
- Data is presented for reporting and analysis by providers and State staff



# Provider Responsibilities

01

Ensure EVV is being used for all required services

02

Ensure services are captured at the time services are provided

03

Ensure EVV vendor is sending visit data at least once a day to EAS

04

Log into EAS a minimum of once a week to verify complete and accurate data

Providers who **fail** to meet all requirements of the EVV program or submit requested information to EAS may be subject to having one or more administrative actions listed in [13 CSR 70-3.030\(4\)](#) imposed by the Missouri Medicaid Audit & Compliance (MMAC) Unit, up to and including termination from the Missouri Medicaid program.

# Status Update

PCS & HHCS providers  
with a registered EVV  
vendor  
**(2,434)**

PCS & HHCS providers  
actively submitting visit  
data to EAS  
**(1,867)**

EVV vendors submitting  
to EAS  
**(38)**

Average visits received  
monthly  
**(1,000,000-1,250,000)**

# Visit Status-Verified and Incomplete

- What is a verified visit
  - All items required for EVV in Missouri are included in the visit
- What is an incomplete visit
  - One or more items required for EVV in Missouri are missing from the visit
  - Incomplete visits must be corrected and resubmitted until a verified status is achieved.
- All visits in EAS must be in a verified status to meet state and federal requirements

# Verified Types-Auto and Manual

## Auto

- A visit sent to EAS one time with all required information and the call type is not manual

## Manual

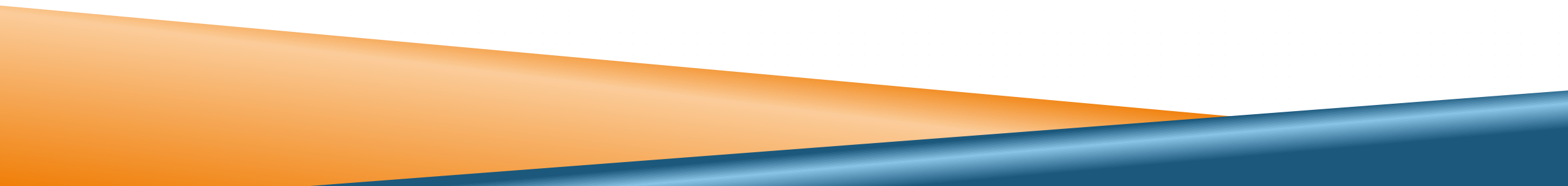
- A visit sent to EAS more than one time regardless of call type
- A visit with a call type of 'manual'
- Visit is received with adjusted times only (no call segment)

# Understanding Accounts in EAS

- Each provider number has a unique account in EAS
  - Provider numbers are assigned by MMAC at the time of enrollment
- Services are to be submitted under the correct account in EAS

| Provider Type | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Service Description by waiver type and administering agency                                                       |
|---------------|----------------|------------|------------|------------|-------------------------------------------------------------------------------------------------------------------|
| 26            | S5125          | US         |            |            | Special Health Care Needs-Medically Fragile Adult Waiver - Waiver Attendant Care (State Plan PCS limit exhausted) |
| 26            | T1019          | U4         |            |            | Bureau of HIV, STD, and Hepatitis - AIDS Waiver Personal Care (State Plan PCS limit exhausted)                    |
| 26            | T1019          | TF         |            |            | Bureau of HIV, STD, and Hepatitis - State Plan Advanced Personal Care (AIDS Waiver)                               |
| 26            | T1019          |            |            |            | Bureau of HIV, STD, and Hepatitis - State Plan Personal Care (AIDS Waiver)                                        |
| 26            | T1019          | TF         |            |            | Div of Senior and Disability Services - Advanced Personal Care                                                    |
| 26            | T1019          | U2         |            |            | Div of Senior and Disability Services - Consumer Directed Services Personal Care                                  |
| 26            | T1019          | U6         |            |            | Div of Senior and Disability Services - Independent Living Waiver Personal Care (State Plan PCS limit exhausted)  |
| 26            | T1019          |            |            |            | Div of Senior and Disability Services - Personal Care                                                             |
| 26            | T1019          | TF         | EP         |            | Special Health Care Needs-Healthy Children and Youth - Advanced Personal Care Assistant                           |
| 26            | T1019          | EP         |            |            | Special Health Care Needs-Healthy Children and Youth - Personal Care Assistant                                    |
| 26            | T1019          | TF         |            |            | Special Health Care Needs-Medically Fragile Adult Waiver - State Plan Advanced Personal Care Assistant            |
| 26            | T1019          |            |            |            | Special Health Care Needs-Medically Fragile Adult Waiver - State Plan Personal Care Assistant                     |
| 28            | S5120          |            |            |            | Div of Senior and Disability Services - Chore                                                                     |
| 28            | S5130          |            |            |            | Div of Senior and Disability Services - Homemaker                                                                 |
| 28            | S5150          | TF         |            |            | Div of Senior and Disability Services - Advanced Respite                                                          |
| 28            | S5150          |            |            |            | Div of Senior and Disability Services - Basic In-Home Respite                                                     |

# EVV Claims Validation

- Starting January 7, 2026, MO HealthNet will begin matching all claims for services requiring EVV with verified visit data from the EAS system
  - **There will be no change in the way claims are submitted**
  - Providers should put an emphasis on having accurate visit data in EAS before submitting the claim for payment
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# EAS DEMO

# Resources

## Helpful Contacts

Policy and Program Questions:

Email: [Ask.EVV@dss.mo.gov](mailto:Ask.EVV@dss.mo.gov)

Technical Questions:

Email: [MOAltEVV@sandata.com](mailto:MOAltEVV@sandata.com)

1-833-350-5844

MMAC:

[Website: MMAC.MO.GOV](http://MMAC.MO.GOV)

Email: [MMAC.EVV@dss.mo.gov](mailto:MMAC.EVV@dss.mo.gov)

Difficulty Logging In:

[MOAltEVV@Sandata.com](mailto:MOAltEVV@Sandata.com)

## Helpful Links

EVV Website: [MHD EVV Information](#)