

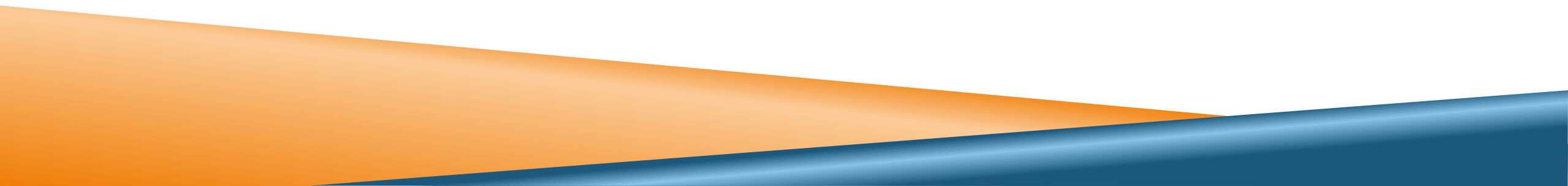


HCBS PROVIDER TOWN HALL EVV CLAIMS VALIDATION

NOVEMBER 13, 2025



Agenda

- Introductions
 - Claims Validation Requirements
 - Accrual of Minutes In EAS
 - Accrued Minutes Scenarios
 - Claims Validation Implementation Timeline
- 

EVV Claims Validation

- Personal Care Service (PCS) Providers: Launched November 8, 2021
- Home Health Care Service (HHCS) Providers: Launched May 17, 2023
- Soft Launch for All Providers: January 7, 2026



There will be no change in the way claims are submitted



CLAIMS VALIDATION REQUIREMENTS



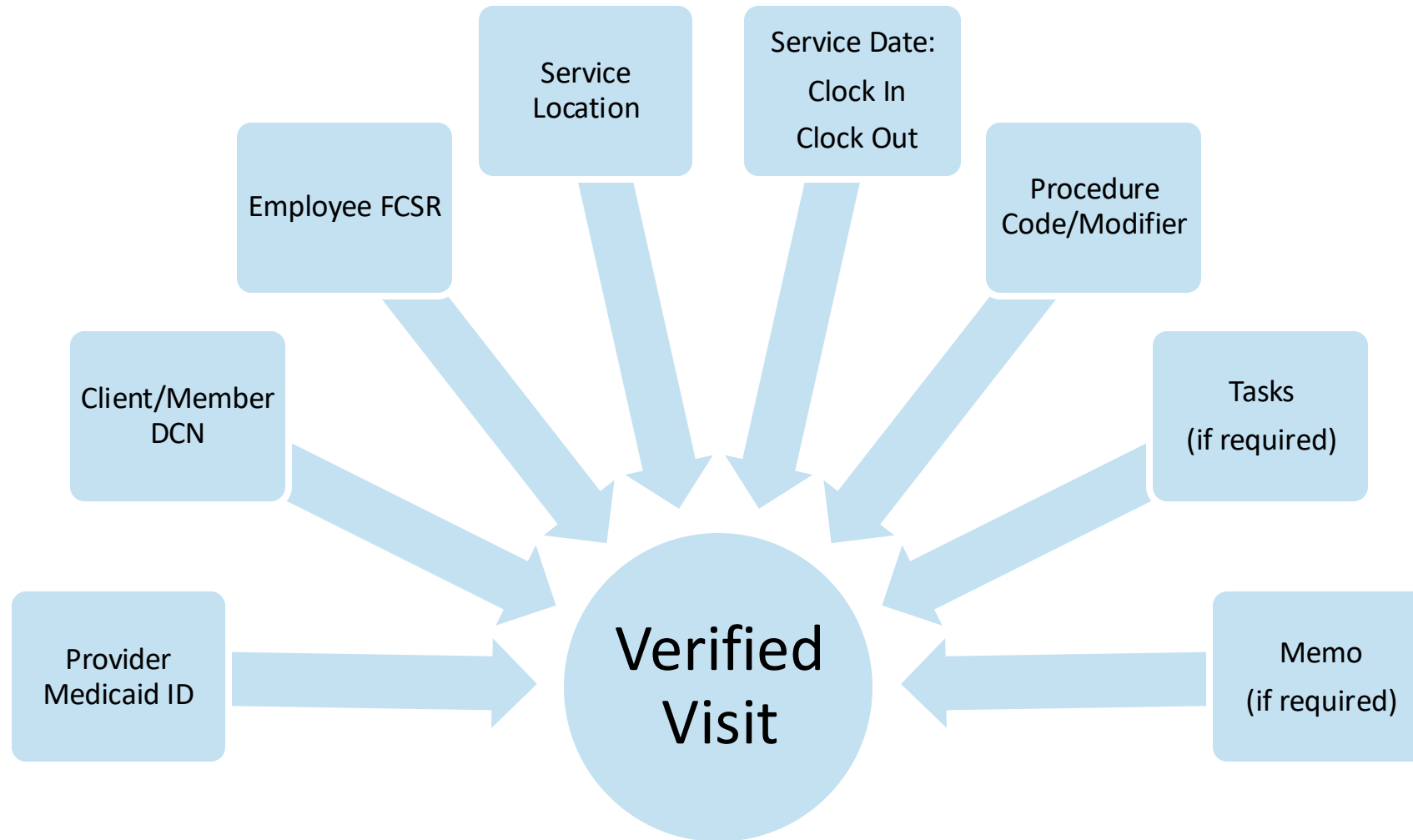
EVV Claims Validation-Matching Criteria

Claims must match the following verified visit data elements in EAS:

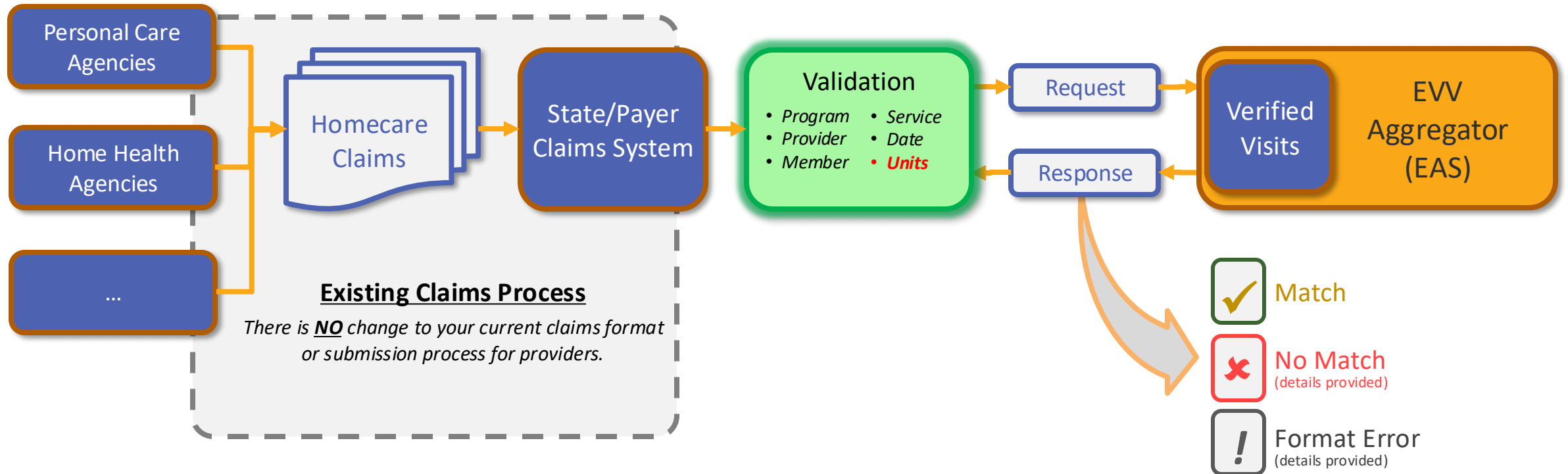
- Provider Medicaid ID
- Department Client Number (DCN)
- Date(s) of Service
- Procedure Code/Modifier(s)
- Number of Units

Visits in EAS must be in a **Verified** status to be included in the claims validation process

VERIFIED VISIT REQUIREMENTS



Claims Validation Process Flow



Note for the units validation: The visits in EAS must contain units Equal or Greater than the units on the claim/service line for validation to return success.



ACCRUAL OF MINUTES IN EAS



13 CSR 70-91.010 - CODE OF STATE REGULATIONS

(4) Reimbursement.

(A) Payment will be made in accordance with the fee per unit of service as defined and determined by the MO HealthNet Division.

1. A unit of service is fifteen (15) minutes.

2. Documentation for services delivered by the provider must include the following:

A. The participant's name and Medicaid number;

B. The date of service;

C. The time spent providing the service which must be documented in one (1) of the following manners:

(I) When a personal care aide is providing services to one (1) individual in a private home setting and devotes undivided attention to the care required by that individual, the actual clock time the aide began the services for that visit shall be documented as the start time, and the actual clock time the aide finished the care for the visit shall be documented as the stop time per Electronic Visit Verification (EVV) regulation 13 CSR 70-3.320; and

(II) When the personal care services are provided in a congregate living setting, such as RCFs I and II or ALFs, when on-site supervision is available and personal care aide staff will divide their time among a number of individuals, the following must be documented: all tasks performed for each participant by date of service and by staff shifts during each twenty-four- (24-) hour period;

D. A description of the service; and E. The name of the personal care aide who provided the service.

3. A provider may not bill time spent in the delivery of service of less than one (1) unit of service for any participant. However, time spent in the delivery of service of less than one (1) full unit for any participant may be accrued by the provider to establish a unit of service. In no event may time spent in the delivery of service be accrued beyond the last day of the calendar month in which such services were rendered.

Accrued Minutes Definition

- Unit Calculations

- In Missouri, unit-based services are calculated using a flat 15-minute rule with no rounding.
- This means that for billing, total minutes are billed to the previous 15-minute breakpoint (15, 30, 45, etc.)

Examples:

- ☐ 60-minute visit: Billed at 4 units ($60 / 15 = 4$ Units)
- ☐ 59-minute visit: Billed at 3 Units ($59 / 15 = 3$ Units with 14 minutes remaining)
- ☐ 72-minute visit: Billed at 4 Units ($72 / 15 = 4$ Units with 12 minutes remaining)
- The additional minutes can be carried until one or more full unit(s) is reached, and then the “Accrued Unit(s)” can be billed.
- Any additional minutes beyond the “Accrued Unit(s)” are carried forward and this continues until the end of the month.
- At the end of the month, any remaining minutes after all Accrued Units have been accounted for are lost; and the count resets at the start of the next month.

EVV Claims Validation-Accrued Minutes Visits

Effective November 19, 2025, providers can begin submitting visits to EAS for accrued minutes using the following process



Providers will continue to monitor accrued minutes **daily** and determine when a full unit is reached



Once one or more full units are accrued, providers are able to submit a visit to the EAS through their EVV system **for the month the unit(s) were accrued**



Accrued minutes must be submitted to the EAS in **15-minute increments, or the visit will be rejected**



Accrued Minutes Visits must include all data elements required for a verified visit



The caregiver submitted on the accrued minutes visit must be a caregiver associated with the client DCN

EVV Claims Validation-Accrued Minutes Visits Continued



When creating the accrued minutes visit, it is recommended that the Call In/Call Out times do not overlap with other Call In/Call Out times on the same day, for same participant, same service



A new Reason Code 280 (**Accrued Minutes Visit**) will be utilized by your EVV vendor to identify accrued minutes visits



For visits requiring tasks, a new task titled “Accrued Minutes Visit” must be submitted when reason code 280 is used. No other tasks are required for accrued minutes visits



For visits requiring a memo, providers may use a default memo “This is an accrued minutes visit” when reason code 280 is used

EVV Claims Validation-Accrued Minutes Visits Continued



Whether created systematically by your EVV vendor or manually entered by the provider, all accrued minutes visits must be identified as a manual call type



Although a manual call type, accrued minutes visits will not be included in the Auto Verification reports in EAS or considered in the auto versus manual verification statistics



A report will be added to the Aggregator showing minute accruals on visits in EAS, and if accrued minutes visits have been received, they will subtract from the remaining minutes allowing providers to track the accrual of minutes and the use of accrued minutes visits



Any use of this code for visits other than accrued minutes is considered non-compliant

ACCRUED MINUTES SCENARIOS

EVV - Carryover Accrued Minutes Scenario - Raw Visits

DOS	Service	Client	Caregiver	Start	End	Actual Minutes	Billed Minutes	Billable Units	Accrued Minutes	Remaining Minutes	Amount
2/1/26	T1019	Doe, John	Rose, Lola	8:01	9:11	70	60	4	10	10	\$ 39.00
2/2/26	T1019	Doe, John	Reese, Charlie	7:58	9:02	64	60	4	4	14	\$ 39.00
2/3/26	T1019	Doe, John	Reese, Charlie	8:05	9:01	56	45	3	11	25	\$ 29.25
2/3/26	T1019	Doe, John	Barkley, Ali	17:17	18:59	102	90	6	12	37	\$ 58.50
2/4/26	T1019	Doe, John	Reese, Charlie	8:00	9:06	66	60	4	6	43	\$ 39.00
2/5/26	T1019	Doe, John	Reese, Charlie	8:05	8:55	50	45	3	5	48	\$ 29.25
2/5/26	T1019	Doe, John	Barkley, Ali	14:58	16:12	74	60	4	14	62	\$ 39.00
2/6/26	T1019	Doe, John	Reese, Charlie	8:00	8:59	59	45	3	14	76	\$ 29.25
2/7/26	T1019	Doe, John	Rose, Lola	8:11	9:07	56	45	3	11	87	\$ 29.25
						597	510	34	87		\$ 331.50

This example shows visits over the course of a week and illustrates how units round down and the impact to minutes if accrued minutes are not billed.

While the total amount of time worked is 597 minutes, the rounded units from each day result in 510 billable minutes (34 Units).

This leaves 87 minutes unaccounted for which rounds to 5 units not billed without the use of Accrued Minutes.

837 Claim SV1 line billing scenario (Raw)

DOS	Service	Client	Billable Units	Amount
2/1/26	T1019	Lawson, Brian	4	\$ 39.00
2/2/26	T1019	Lawson, Brian	4	\$ 39.00
2/3/26	T1019	Lawson, Brian	9	\$ 87.75
2/4/26	T1019	Lawson, Brian	4	\$ 39.00
2/5/26	T1019	Lawson, Brian	7	\$ 68.25
2/6/26	T1019	Lawson, Brian	3	\$ 29.25
2/7/26	T1019	Lawson, Brian	3	\$ 29.25
			34	\$ 331.50

EVV - Carryover Accrued Minutes Scenario - with Accrued Minutes Visits

(this example uses the AMV at the end of the week/month)

DOS	Service	Client	Caregiver	Start	End	Actual Minutes	Billed Minutes	Billable Units	Accrued Minutes	Remaining Minutes	Amount
2/1/26	T1019	Doe, John	Rose, Lola	8:01	9:11	70	60	4	10	10	\$ 39.00
2/2/26	T1019	Doe, John	Reese, Charlie	7:58	9:02	64	60	4	4	14	\$ 39.00
2/3/26	T1019	Doe, John	Reese, Charlie	8:05	9:01	56	45	3	11	25	\$ 29.25
2/3/26	T1019	Doe, John	Barkley, Ali	17:17	18:59	102	90	6	12	37	\$ 58.50
2/4/26	T1019	Doe, John	Reese, Charlie	8:00	9:06	66	60	4	6	43	\$ 39.00
2/5/26	T1019	Doe, John	Reese, Charlie	8:05	8:55	50	45	3	5	48	\$ 29.25
2/5/26	T1019	Doe, John	Barkley, Ali	14:58	16:12	74	60	4	14	62	\$ 39.00
2/6/26	T1019	Doe, John	Reese, Charlie	8:00	8:59	59	45	3	14	76	\$ 29.25
2/7/26	T1019	Doe, John	Rose, Lola	8:11	9:07	56	45	3	11	87	\$ 29.25
2/7/26	T1019	Doe, John	Rose, Lola	0:00	1:15		75	5	(75)	12	\$ 48.75
						597	585	39	12		\$ 380.25

This is the same example, however, Accrued Minutes Visits are held and billed at the end of the week/month.

There are still 75 additional minutes that translate to an additional 5 units that can now be billed. The service lines on the claim now take these into account and will match visit totals in EAS.

These 5 Units now allow us to bill for 39 total units (with a remainder of 12 minutes that carry into next week).

837 Claim SV1 line billing scenario

DOS	Service	Client	Billable Units	Amount
2/1/26	T1019	Lawson, Brian	4	\$ 39.00
2/2/26	T1019	Lawson, Brian	4	\$ 39.00
2/3/26	T1019	Lawson, Brian	9	\$ 87.75
2/4/26	T1019	Lawson, Brian	4	\$ 39.00
2/5/26	T1019	Lawson, Brian	7	\$ 68.25
2/6/26	T1019	Lawson, Brian	3	\$ 29.25
2/7/26	T1019	Lawson, Brian	8	\$ 78.00
			39	\$ 380.25

EVV - Carryover Accrued Minutes Scenario - with Accrued Minutes Visits

(this example uses the AMV as it is accrued)

DOS	Service	Client	Caregiver	Start	End	Actual Minutes	Billed Minutes	Billable Units	Accrued Minutes	Remaining Minutes	Amount
2/1/26	T1019	Doe, John	Rose, Lola	8:01	9:11	70	60	4	10	10	\$ 39.00
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2/3/26	T1019	Doe, John	Barkley, Ali	0:00	0:30		30	2	(30)	7	\$ 19.50
2/4/26	T1019	Doe, John	Reese, Charlie	8:00	9:06	66	60	4	6	13	\$ 39.00
2/5/26	T1019	Doe, John	Reese, Charlie	8:05	8:55	50	45	3	5	18	\$ 29.25
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2/5/26	T1019	Doe, John	Barkley, Ali	0:00	0:30		30	2	(30)	2	\$ 19.50
2/6/26	T1019	Doe, John	Reese, Charlie	8:00	8:59	59	45	3	14	16	\$ 29.25
2/6/26	T1019	Doe, John	Reese, Charlie	0:00	0:15		15	1	(15)	1	\$ 9.75
2/7/26	T1019	Doe, John	Rose, Lola	8:11	9:07	56	45	3	11	12	\$ 29.25
						597	585	39	12		\$ 380.25

This is the same example, however, Accrued Minutes Visits are added once the total minutes sum up to 1 or more even units.

There are now 75 additional minutes that translate to an additional 5 units that can now be billed. The service lines on the claim now take these into account and will match visit totals in EAS.

These 5 Units now allow us to bill for 39 total units (with a remainder of 12 minutes that carry into next week).

837 Claim SV1 line billing scenario

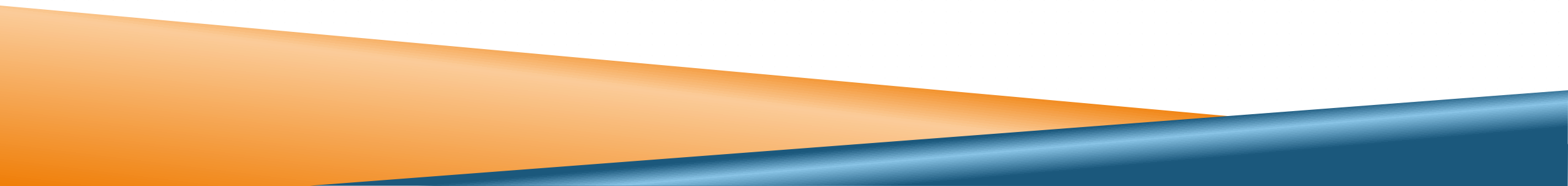
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2/4/26	T1019	Lawson, Brian	4	\$ 39.00
2/5/26	T1019	Lawson, Brian	9	\$ 87.75
2/6/26	T1019	Lawson, Brian	4	\$ 39.00
2/7/26	T1019	Lawson, Brian	3	\$ 29.25
			39	\$ 380.25



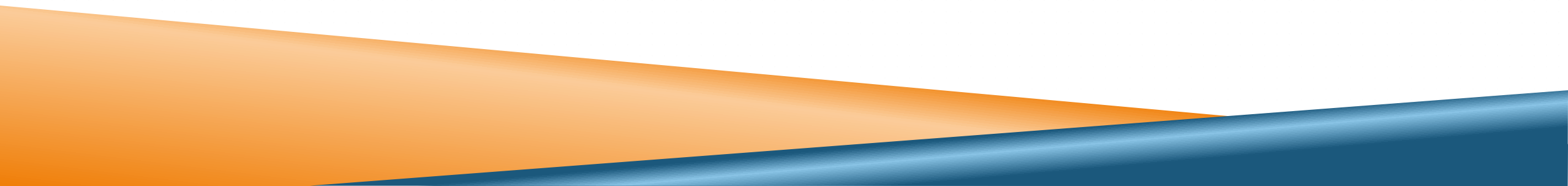
CLAIMS VALIDATION IMPLEMENTATION TIMELINE



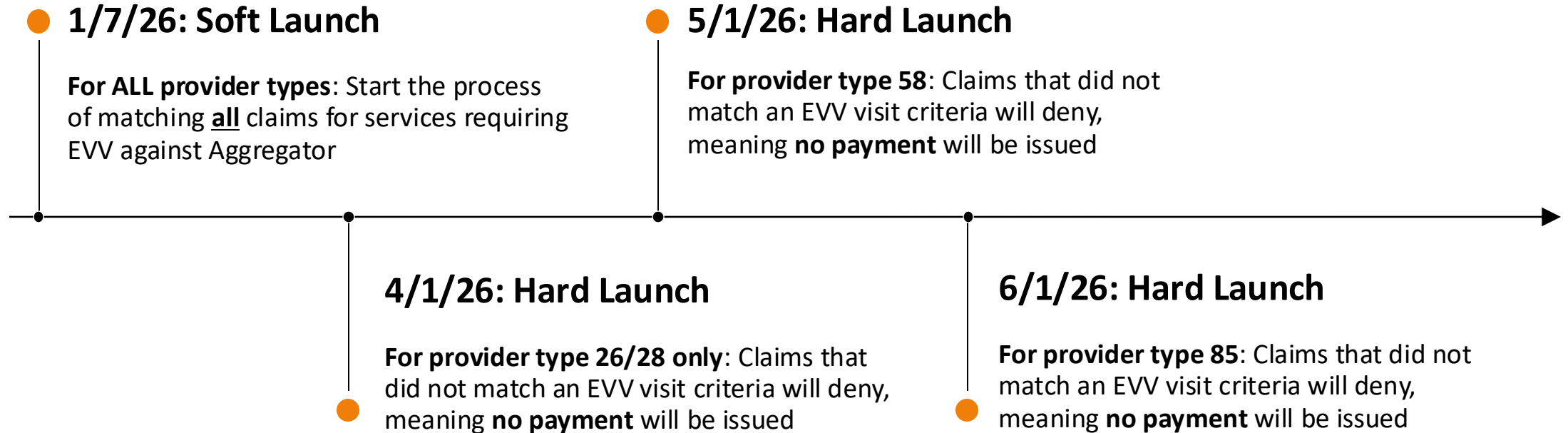
Soft Launch

- Soft Launch for all providers will be January 7, 2026
 - During the soft launch period, claims will **NOT** be denied for EVV purposes
 - Providers will be notified on their Remittance Advice (RA) of claims that do not have a matching visit in EAS
 - During the soft launch period, it is not necessary to resubmit a paid claim
 - This will give providers a chance to get used to the claims validation process before hard edits are applied
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Full Implementation-Hard Launch

- The soft launch period is expected to last three months, with hard edits starting in April 2026 for provider types 26 and 28
 - Claims that did not meet the EVV criteria will deny, meaning no payment will be issued
 - Providers will be notified on their Remittance Advice (RA) of claims that do not have a matching visit in EAS
 - Provider agencies must identify the error, make necessary changes in their EVV system or in their claims processing system, and then resubmit the claim for payment
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Claims Validation Implementation Timeline



Keys To Success

- Talk with your EVV vendor to ensure they are aware of these upcoming changes and requirements
- Ensure accurate visit data in EAS before submitting claims
- Monitor the MO DSS EVV webpage for future communications



Resources

Helpful Contacts

Policy and Program Questions:

Email: Ask.EVV@dss.mo.gov

Technical Questions:

Email: MOAltEVV@sandata.com

1-833-350-5844

MMAC:

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

Email: MMAC.EVV@dss.mo.gov

Difficulty Logging In:

MOAltEVV@Sandata.com

Helpful Links

EVV Website: [MHD EVV Information](#)