Title 23: Division of Medicaid

Part 200: General Provider Information

Part 200 Chapter 1: General Administrative Rules for Providers

Rule 1.14: Electronic Visit Verification (EVV)

A. The Mississippi Division of Medicaid requires the use of electronic visit verification (EVV), as a part of personal care services and/or home health care services. EVV is a computer application system that records and electronically verifies the following:

1. Type of service performed;

2. Individual receiving the service;

3. Date of the service;

4. Location of service delivery;

5. Individual providing the service; and

6. Time the service begins and ends.

B. The Mississippi Division of Medicaid requires EVV data to reimburse for the following programs and services:

1. 1915(c) Elderly and Disabled Waiver:

    a) Personal Care Services and

    b) In Home Respite Services.

2. 1915(c) Intellectual Disabilities/Developmental Disabilities Waiver:

    a) Home and Community Supports Services,

    b) Respite – In Home Nursing Services,

    c) In Home Respite Services, and

    d) Supported Living Services.

3. 1915(c) Independent Living Waiver:

    a) Personal Care Attendant Services.

4. 1915(c) Traumatic Brain Injury/Spinal Cord Injury Waiver:

    a) Personal Care Attendant Services,

    b) In Home Companion Respite Services, and

    c) In Home Nursing Respite Service.

5. 1915(i) Community Support Program:

    a) Supported Living Services, and

    b) In Home Respite Services.

6. State Plan Services:

    a) Private Duty Nursing Services,

    b) Personal Care Services,

    c) Home Health Physical Therapy Services,

    d) Home Health Speech Language Pathology Services,

    e) Home Health Skilled Nursing Services, and

    f) Home Health Aide Services.

C. Providers of personal care and home health services must implement EVV under one of the following models to ensure compliance for all services rendered to Medicaid enrolled beneficiaries:

    1. Utilize the state provided EVV provider portal via HHAeXchange to collect and maintain EVV data.

    2. Utilize a Division of Medicaid approved provider contracted solution to collect and

maintain EVV data and submit collected data via electronic integration with the state's EVV aggregator within fourteen (14) days of the date of data collection.

D. Providers utilizing an EVV provider contracted solution must:

1. Ensure the contracted solution meets the minimum requirements established by the Division of Medicaid.

2. Maintain the data in an auditable format for the minimum period outlined in Miss. Admin. Code Title 23, Part 200, and which meets any specific federal requirements. Failure to maintain auditable data and records in required formats with required information and signatures may result in claims being denied, recouped, or otherwise repaid to the Division of Medicaid.

E. Service documentation must be maintained according to the appropriate administrative code part for the service being provided. Documentation shall be captured and maintained in one of the following formats:

1. Electronically captured in the state Medicaid provided EVV solution mobile application via HHAeXchange and stored in the associated provider portal.

2. Electronically captured in the Division of Medicaid approved provider contracted EVV solution mobile application and stored in the associated database. If data is captured and stored in the Division of Medicaid approved provider solution, the provider must:

a) Ensure that electronic records reflect a clear audit trail for any edits/updates.

b) Grant system access to the Division of Medicaid, their contractors, and oversight entities for the purposes of auditing EVV data upon request.

3. Manually captured on paper and maintained in the beneficiary's record for audit and review purposes by DOM, its contractors, and oversight entities. Visit data manually captured on paper must be entered in the provider's selected EVV solution in order to submit claims for services.

F. Manual entry of visit data will only be utilized when the EVV system is unavailable or when exigent circumstances, documented by the provider agency, make usage of the system impossible. The provider agency will:

1. Provide justification documentation to support any instance of human error in EVV use and such errors must be readily identifiable. Repeated instances of human error are subject to audit.

2. Enter justification documentation into the EVV system.

3. Include the date and time of the manual entry, the reason for the entry, and the identification of the person making the entry.

G. Provider agencies must report any suspected falsification of EVV data to the Mississippi Medicaid Program Integrity Unit within two (2) business days of discovery.

H. In order to ensure that claims are substantiated by EVV data, claims for services rendered with required EVV data must be submitted to the fiscal agent via the state's EVV system unless otherwise authorized in writing by the Division of Medicaid.

Source: 42 U.S.C. § 1396b.

History: New Rule eff. 12/01/2025.