Recipients: EVV Email listserv
Subject: EVV Reminders

As the deadline approaches for the EVV (Electronic Visit Verification) hard claim edits on January 1, 2023, we thank you for working hard to comply with EVV. We understand it has been a learning curve and an adjustment for everyone: members, families, direct care workers, provider agencies and health plans.

The AHCCCS Team is here to support you, to answer questions, to provide technical assistance, and ensure your seamless transition to full EVV compliance. You may reach the AHCCCS team using the EVV@azahcccs.gov inbox, which is closely monitored to ensure our responsiveness to your needs.

Starting today and during the next few months, we will issue communication about the most pressing topics of the day based on our day-to-day interactions with you.

Today's topics are hard claim edits and scheduling.

Hard Claim Edits - What it *does* mean and what it *doesn't* mean?

Hard claim edits DO mean that:
Providers need to comply with EVV in order to get paid.

AHCCCS required EVV on January 1, 2021, but has given everyone two years to adjust to the requirements and figure out how to streamline it into everyday service delivery. Beginning January 1, 2023, we now have to enforce EVV compliance by making sure that claims don't get paid unless all the required data in the federal regulation is present. AHCCCS has to begin enforcing EVV compliance for providers in order to maintain our compliance status with the Centers for Medicare and Medicaid Services (CMS).

Hard claim edits DO NOT mean that:
Providers won't ever get paid if something goes wrong.

It is understood that sometimes things go wrong and some required data may not be captured when care is provided. Despite this, providers and direct care workers can still get paid as long as the missing data is entered into the system or reconciled by the agency administrator through the visit maintenance process. Providers can use a checklist to help assess whether or not a visit is ready to be billed and what they need to do in order to get it to a billable state. See these FAQs that explain how to document the missing information, including roughly 30 different examples of real-life events that might result in missing information and how to get those visits to a billable state.

Scheduling - What it *does* mean and what it *doesn't* mean?

Scheduling Requirements DO mean that:
AHCCCS requires a schedule for pre-planned visits.

The schedule will help to track and monitor access to care by helping to tell the story of service delivery. It is simply a plan for service delivery that is informed by the member and their families' needs and preferences. With a schedule, we are able to see if a planned visit was late or missed altogether. After talking with the caregiver and member/family, the agency administrator can document the reasons why a visit was late or missed. Was the missed visit due to the member's preference? Was it simply a caregiver error where they may have forgotten to log in? Was there an issue with the device? It will help to understand the reason(s) why the visit didn't occur as originally planned and if there are reasons that are not concerning (i.e., the member didn't want service at that time) or if there are concerning reasons (i.e., caregiver did not show up).

Scheduling Requirements DO NOT mean that:
Care must be provided within the exact scheduled window of time or care can't happen on demand.

Schedules are not meant to be inflexible nor do they dictate the member/family's day to day living choices. AHCCCS has provided many flexibilities, including the allowance of unscheduled visits (to account for everyday life events) as long as there is an explanation and resolution when a caregiver does not show up as planned. Scheduling does not require the caregiver to wait to log in in order to provide services. It is important to be aware that visits are not considered late until an hour after the scheduled start time.

For more information on scheduling, please visit our [Scheduling FAQ](#) on the [EVV webpage](#).