ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

EVV Compliance

Auto-Verification
Live-In Caregiver

Introductions

- Dara Johnson, AHCCCS
- Danielle Ashlock, AHCCCS
- Manasi Upadhye, HealthTech Solutions
- Bryan Maltby, HealthTech Solutions

Agenda

- Auto-Verified vs. Manual Visits

  - Definition

  - Compliance and Expectations

  - Aggregator Reports

  - Differential Adjusted Payment (DAP)

- Live-in Caregiver Data

  - Compliance and Expectations

  - Aggregator Reports

What is a Manual Visit?

- A visit is considered manual if missing or inaccurate information has to be manually added or adjusted to correct the visit data. Visits in verified or processed status where any of the scenarios are true, they are manual visits:

    - There are **adjusted times** on the visit.

    - There are **exceptions posted on the visit** with the following exception IDs

        - Visit without in-calls (#3)

        - Visit without out-calls (#4)

        - Missing service (#23)

        - Invalid service (#24)

    - If call-in time exists and **call-in type is manual**

    - If call-out time exists and **call-out type is manual**
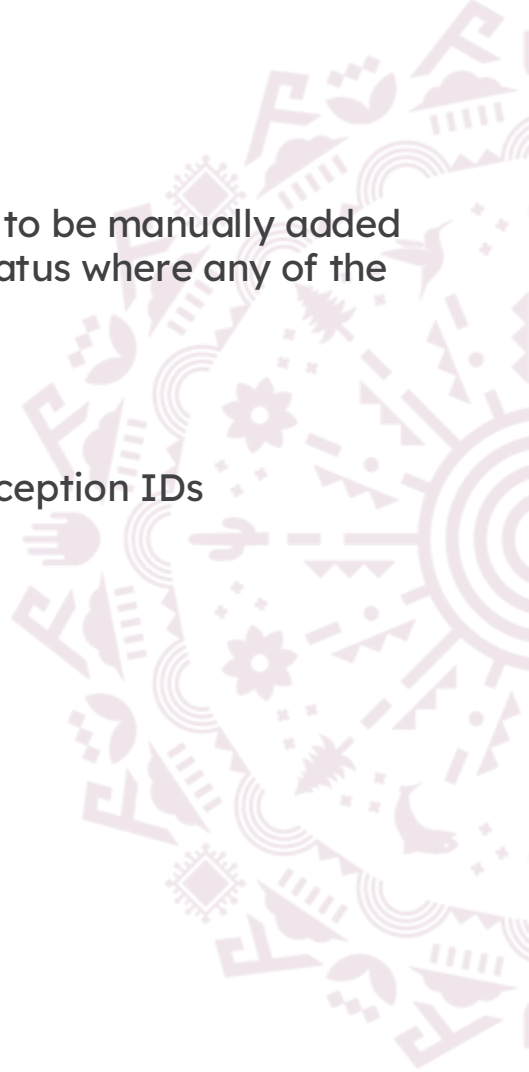
What is an Auto-Verified Visit?

- A visit is considered auto-verified when it is verified in real-time without any exceptions or manual edits. Visits in verified or processed status where any of these scenarios are true, they are considered auto-verified:

    - There are **no** adjusted times

    - There are **no** exceptions post on the visit with the following exception IDs

        - Visit without in-calls (#3)

        - Visit without out-calls (#4)

        - Missing service (#23)

        - Invalid service (#24)

    - If call-in time exists and call-in type is **Not** manual

    - If call-out time exists and call-out type is **Not** manual

Auto-Verification

- The auto-verified percentage is the main indicator of EVV compliance

    - Capturing all the required data at the point of care

    - Supports data quality by getting it right the first time

    - A Key Performance Indicator (KPI) that AHCCCS must report to the Centers for Medicare and Medicaid Services (CMS)

    - The methodology has been revised to address the basic Cures Act requirements

Aggregator Report: Visit Verification Summary

Report displays auto-verified and manual visit percentages by groups, indicated by color. The groupings include auto-verified visits, manually verified visits and other visit statuses (i.e. incomplete, omitted)

Note: You will need to use scroll bar at the bottom to see all columns.

Visit Verification Summary										
Corporation	Provider Name	Provider Medicaid ID	Verified Visits - Auto	Verified Visits - Auto %	Verified Visits - Manual	Verified Visits - Manual %	Non-Verified Visits - Incomplete	Non-Verified Visits - Incomplete %	Non-Verified Visits - Omitted	Non-Verified Visits - Omitted %
AZCCCS			6	1.52%	388	98.48%	12	92.31%	1	7.69%
			28	90.32%	3	9.68%	0	0.00%	0	0.00%
			0	0.00%	40	100.00%	3	100.00%	0	0.00%
			260	81.00%	61	19.00%	10	100.00%	0	0.00%
			57	74.03%	20	25.97%	0	0.00%	0	0.00%
			20	4.75%	401	95.25%	54	100.00%	0	0.00%
			16	69.57%	7	30.43%	0	0.00%	0	0.00%
			184	33.64%	363	66.36%	745	100.00%	0	0.00%
			11	84.62%	2	15.38%	0	0.00%	0	0.00%
			308	87.25%	45	12.75%	1	100.00%	0	0.00%
			44	30.77%	99	69.23%	0	0.00%	0	0.00%

FFY 2027 – Differential Adjusted Payment (DAP)

- 2% DAP for all services, regardless of whether or not the services are subject to EVV
- 85% minimum threshold for auto-verified visits

  - Initial qualification: 85% for February and March 2026

  - Once qualified, must maintain 85% on a monthly basis through September 2027

    - April – September 2026 – must maintain 85% monthly average in order to start receiving the DAP for dates of service beginning October 1, 2026.

    - October 2026 – September 2027 – if you do not maintain the 85% monthly average, you will be removed from DAP immediately and for the remainder of the contract year.

- Provider agencies and software vendors must adhere to the requirements in the EVV Vendor Technical Specifications and the Visit Maintenance and Documentation FAQ to ensure the lifecycle of a visit record is documented.
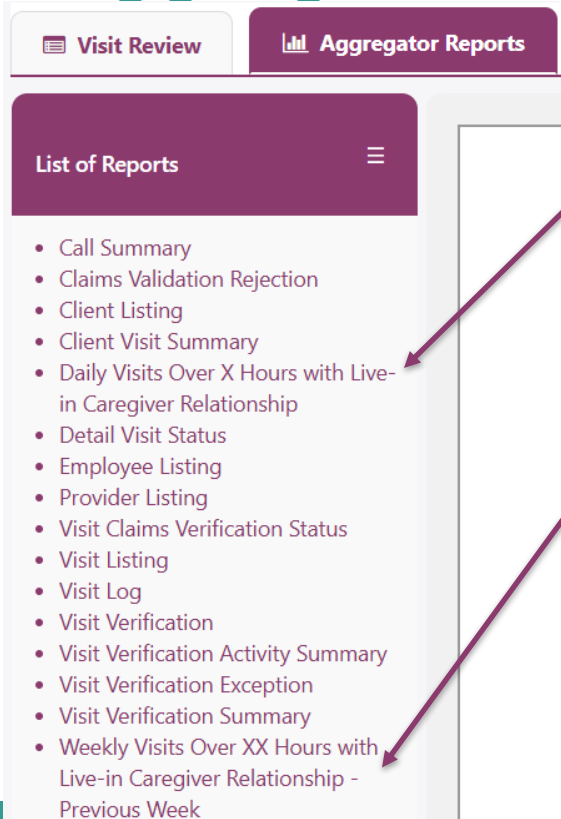
Live-in Caregiver

Live-in Caregiver Compliance

- Data must be sent for all live-in caregiver relationships that were active beginning 10/01/25

  ○ Only send the data for live-in caregiver relationships

- Data must be sent within 30 days of a change (i.e. a start or end to a relationship).

- You must indicate the member/DCW pairing represents a live-in caregiver relationship and the nature of the relationship (i.e. parent, sibling, etc.)

  ○ You are not compliant with the requirements if you are using the "other" category as the rule versus the exception.

Aggregator Reports: Live-in Caregiver

Visit Review | **Aggregator Reports**

List of Reports ☰

- Call Summary
- Claims Validation Rejection
- Client Listing
- Client Visit Summary
- Daily Visits Over X Hours with Live-in Caregiver Relationship
- Detail Visit Status
- Employee Listing
- Provider Listing
- Visit Claims Verification Status
- Visit Listing
- Visit Log
- Visit Verification
- Visit Verification Activity Summary
- Visit Verification Exception
- Visit Verification Summary
- Weekly Visits Over XX Hours with Live-in Caregiver Relationship - Previous Week

- Daily and Weekly Visits Over XX Hours with Live-in Caregiver Relationship
  - Daily shows data for previous day
  - Weekly shows data for previous week
- Live-in Caregiver relationship is displayed by service
- Includes indicator if member is a minor

Daily/Weekly Visits Over XX Hours with Live-in Caregiver Relationship

Daily Visits Over X Hours with Live-In Caregiver Relationship

1710 Total Employees

Corporation	Provider Medicaid ID	Provider Name	Client Medicaid ID	Client Name	Employee ID	Employee Name	Service	Minor	Live-In	Relationship	Total Visits	Total Visit D
							S5125	No	Yes	Grandchildren	1	05:00
							S5125	No	Yes	Other	1	04:00
							S5125	No	Yes	Adult children/Stepchildren	1	06:00
							S5125	No	Yes	Adult children/Stepchildren	1	04:18
							S5125	No	Yes	Siblings/Step siblings	1	07:39
							S5125	No	Yes	Parents/Adoptive Parents/Legal Guardians	1	06:00
							S5125	No	Yes	Parents/Adoptive Parents/Legal Guardians	1	02:35
							S5125	No	Yes	Grandchildren	1	06:26
							S5125	No	Yes	Adult children/Stepchildren	1	07:00
							S5125	Yes	Yes	Parents/Adoptive Parents/Legal Guardians	1	02:31
							S5125	No	Yes	Adult children/Stepchildren	1	08:04
							S5125	No	Yes	Spouse	1	05:16
							S5125	No	Yes	Spouse	1	03:01
							S5125	No	Yes	Adult children/Stepchildren	1	05:03
							S5125	No	Yes	Spouse	1	04:00
							S5125	No	Yes	Spouse	1	07:00
							S5125	No	Yes	Adult children/Stepchildren	1	03:31
							S5125	No	Yes	Adult children/Stepchildren	1	12:00

Q & A Session

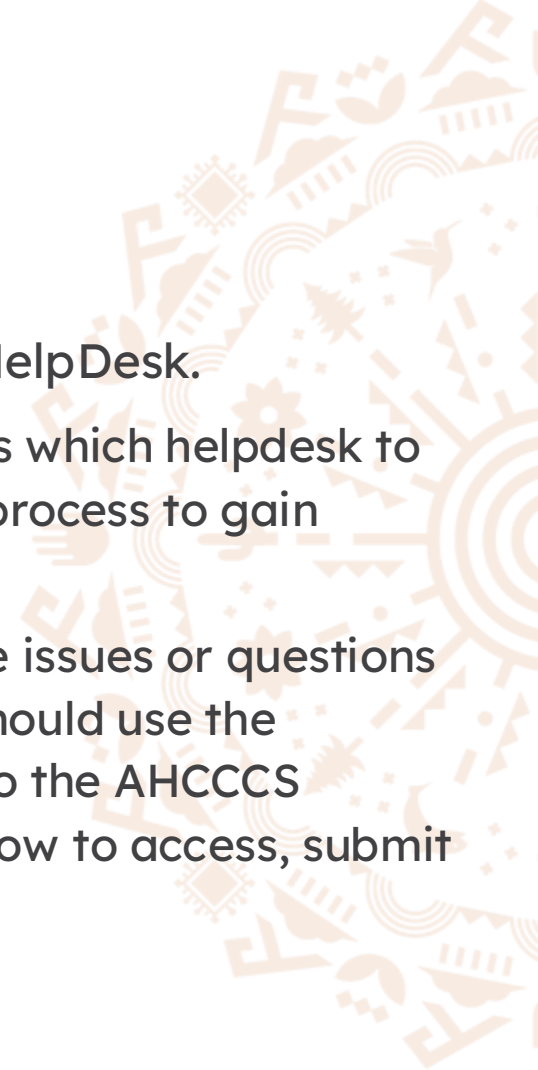# Final Remarks and Reminders

Webinar Series

- Every other month
- Content directed at both provider agency and software vendor audiences
- Future agenda topics:
  - Visit Maintenance
  - If you have ideas, please submit them to EVV@azahcccs.gov

EVV Resources

- www.azahcccs.gov/evv
- Make sure you are submitting a ticket to the right HelpDesk.
  - The [EVV Service Now Registration Manual](#) outlines which helpdesk to use depending upon your step in the registration process to gain access to the aggregator.
  - Once you have access to the aggregator and have issues or questions related to the actual use of the aggregator, you should use the [AHCCCS Solutions Center Helpdesk](#). Please refer to the AHCCCS Solutions Center User Manual for instructions on how to access, submit and monitor support tickets.
- [Sign up](#) for our email list.