The morning EVV check

A checklist for home care agencies that bill Medicaid

EVV, electronic visit verification, is the clock-in and clock-out your caregivers log at each visit. In Missouri and Ohio, a small gap in that record is now enough to deny the claim. **This list catches those gaps while they're still small.**

What every EVV record needs

Required by the 21st Century Cures Act

- Type of service
- Where it happened
- Client who received it
- Caregiver who provided it
- Date of the visit
- Start and end time



Every morning

yesterday's visits

- ☐ Missing clock-in or clock-out
- ☐ A location that doesn't match the client's address
- ☐ Times that don't match the schedule or authorized units
- ☐ A visit under the wrong caregiver or client
- ☐ A visit with no matching shift
- ☐ Reach the caregiver the same day and note why it broke

Every week

- ☐ Track manual edits as a share of all visits
- ☐ Walk caregivers with repeat exceptions through the app again
- ☐ Review denied claims by reason, not one by one
- ☐ Make sure new caregivers can log in before their first shift

Before every billing run

- ☐ Every claim line matches a verified EVV visit
- ☐ Units billed match the clocked time
- ☐ Every manual edit has a reason code and a note
- ☐ Authorizations are current, with units left

Every quarter

or when your state sends a notice

- ☐ Read your state Medicaid agency's EVV page and latest bulletins
- ☐ If you use your own EVV vendor, confirm visit data still reaches the state system
- ☐ Update your office's correction steps to match

What changed in 2026

Minnesota
EVV compliance minimum of 80% since July 1, up from 50% in January

Missouri
Personal care claims without a matching EVV visit deny since April 1

Ohio
Claims with no matching EVV record deny. Home Care Waiver and PASSPORT claims joined in January

Pennsylvania
Agencies alerted when more than 15% of a quarter's records are fixed by hand

Indiana
Wider audits of attendant care claims since April, with closer EVV monitoring



A reliable remote team member from Teem can run this check every morning, and your office approves every correction. **Full time, it costs your agency $11.50 an hour.**

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This checklist is general guidance, not legal or billing advice. Your state Medicaid agency's EVV rules are the final word. Sources: 21st Century Cures Act, Section 12006 (Medicaid.gov). Minnesota DHS. Missouri DSS and MO HealthNet. Ohio Department of Medicaid. Pennsylvania DHS Medical Assistance Bulletin, 29 August 2025. Indiana FSSA, reported by Indiana Capital Chronicle, 23 April 2026.