

## Electronic visit verification (EVV) compliance policy

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Legal authority	<a href="#">Public Law 114-255 (PDF)</a> , <a href="#">Minn. Stat. §256B.064</a>	
Definition	<b>Electronic visit verification (EVV):</b> An electronic system used to record data about the delivery of in-home or community-based services where people receive support with activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).	
Overview	All providers who deliver services subject to EVV must comply with federal and state EVV requirements, including financial management services (FMS) providers and managed care organization (MCO) network providers. Failure to comply may result in corrective actions and payment sanctions under <a href="#">Minn. Stat. §256B.064</a> .	
Provider responsibilities	<p>Providers who deliver EVV services (including FMS providers) must:</p> <ul style="list-style-type: none"> <li>• Enroll with HHAeXchange (HHAX) and keep information current, regardless of the EVV system they use and the payer.</li> <li>• Submit all EVV visits, even if incomplete or noncompliant.</li> <li>• Not exclude or withhold visits.</li> <li>• Complete visits in real time for all required EVV services, except for live-in caregivers, who must document visits daily and be tagged in the system.</li> <li>• Monitor compliance across all tax IDs and associated national provider identifier (NPI) and unique Minnesota provider identifier (UMPI) numbers.</li> <li>• Review and act on monthly HHAX compliance reports.</li> <li>• Correct compliance issues promptly.</li> <li>• Monitor MN-ITS mailboxes for DHS compliance notices and respond promptly.</li> <li>• Train staff and caregivers on EVV requirements and agency procedures.</li> <li>• Follow all DHS EVV policies.</li> </ul> <p>The following sections provide more information about these responsibilities.</p>	
Enrollment	<p>Providers must:</p> <ul style="list-style-type: none"> <li>• Enroll with HHAX, regardless of whether the provider uses the state-selected or third-party EVV system or the payer. For enrolling instructions, refer to <a href="#">HHAX Minnesota Provider Enrollment Form</a>.</li> <li>• Complete enrollment for all tax IDs and NPI/UMPI number(s) that provide EVV services.</li> <li>• Keep HHAX enrollment information current.</li> <li>• Maintain access to the HHAX provider portal.</li> </ul>	
Data submission	<p>Providers must submit all EVV visits through HHAX, either:</p> <ul style="list-style-type: none"> <li>• Directly through the state-selected EVV system.</li> <li>• Through a third-party EVV system that integrates with the HHAX data aggregator.</li> </ul> <p>Each visit must include the following federally required EVV data elements:</p> <ul style="list-style-type: none"> <li>• Type of service performed.</li> <li>• Person who received the service.</li> <li>• Date of service.</li> <li>• Location of service delivery.</li> <li>• Caregiver who provided the service.</li> <li>• Start and end times of the service.</li> </ul>	

	<p><b>Comparison of confirmed and compliant visits</b>  A visit may be confirmed but still noncompliant (i.e., does not meet all EVV verification requirements).  A confirmed visit is a visit the provider enters into their EVV system that contains the required EVV data. Confirmed visits are used for claims review and may be billable if they meet all documentation requirements. However, confirmed does not mean compliant.  A visit is only compliant when it is verified in real time using an approved EVV verification method such as:</p> <ul style="list-style-type: none"> <li>• Mobile application.</li> <li>• Telephony (IVR).</li> <li>• Fixed object device (FOB).</li> </ul> <p>Providers must still submit confirmed visits for claims review and billing purposes, even when they are noncompliant.</p> <p><b>Manually entered visits and corrections</b>  Manually entered visits, corrected visits or visits that were not verified at the time of service are considered noncompliant, even if the visit is confirmed later. These visits are not compliant because they were not verified in real time.</p> <p><b>Signatures</b>  Signatures are not required for EVV and do not affect EVV compliance. Some services that require EVV also require signatures. Providers can gather signatures within the EVV system or using their existing processes.</p>
<p><b>Compliance thresholds and quarterly reviews</b></p>	<p>Beginning in 2026, DHS reviews and enforces EVV compliance for all providers, including FMS providers and MCO-contracted providers.</p> <p>On Jan. 1, 2026:</p> <ul style="list-style-type: none"> <li>• Providers must meet at least 50% compliance for visits billed on or after this date.</li> <li>• DHS reviews compliance data from October through December 2025 to raise awareness and prepare providers.</li> </ul> <p>In April 2026:</p> <ul style="list-style-type: none"> <li>• DHS reviews compliance data from January through March 2026.</li> <li>• DHS issues formal corrective action notices to providers below 50% compliance.</li> <li>• Quarterly compliance reviews begin.</li> </ul> <p>By July 1, 2026:</p> <ul style="list-style-type: none"> <li>• Providers must meet at least 80% compliance for visits billed on or after this date.</li> <li>• DHS reviews compliance data from April through June 2026.</li> </ul> <p>In October 2026:</p> <ul style="list-style-type: none"> <li>• DHS reviews compliance data from July through September 2026.</li> <li>• DHS begins issuing corrective action notices to providers below 80% compliance.</li> </ul> <p><b>Note:</b> Meeting the minimum compliance threshold does not eliminate the need for continued monitoring and improvement. DHS expects providers to continue increasing compliance across all NPI/UMPI numbers to maintain compliance as thresholds increase.</p>
<p><b>Enforcement</b></p>	<p>DHS monitors and enforces EVV compliance at the provider’s tax ID level by using:</p> <ul style="list-style-type: none"> <li>• Monthly compliance reports for monitoring and correction.</li> <li>• Quarterly compliance reviews for enforcement decisions.</li> </ul>

	<p>DHS calculates compliance based on all NPI/UMPI number(s) associated with a tax ID. A provider's overall compliance is affected by the performance of every NPI/UMPI under that tax ID that providers required EVV services. Noncompliance at any NPI/UMPI lowers the tax ID's overall compliance rate.</p> <p>Providers are responsible to meet compliance requirements for all NPI/UMPI number(s) that provide EVV services. Focusing on one NPI/UMPI number alone is not sufficient to meet DHS compliance requirements.</p> <p><b>Noncompliance and enforcement actions</b></p> <p>Providers are noncompliant if they fail to:</p> <ul style="list-style-type: none"> <li>• Submit all EVV visits.</li> <li>• Meet compliance thresholds.</li> <li>• Follow DHS EVV policies.</li> <li>• Respond to corrective action notices.</li> </ul> <p>Under <a href="#">Minn. Stat. §256B.064</a>, DHS may take the following actions for noncompliant providers:</p> <ul style="list-style-type: none"> <li>• Deny or withhold payment.</li> <li>• Require repayment (i.e., monetary recovery).</li> <li>• Stop payment until compliance improves.</li> </ul>
<p><b>Monthly compliance reports</b></p>	<p>On the 25th of each month, HHAX sends providers a compliance report for the previous month to the email address used during HHAX enrollment. Providers must:</p> <ul style="list-style-type: none"> <li>• Review reports regularly.</li> <li>• Identify and correct compliance issues promptly.</li> <li>• Address errors before DHS provides outreach or corrective actions.</li> </ul> <p>DHS will:</p> <ul style="list-style-type: none"> <li>• Review the same reports at the tax ID level, with visibility into all NPI/UMPI numbers under each tax ID.</li> <li>• Use the reports to identify noncompliance and issue corrective actions.</li> </ul>
<p><b>Corrective actions</b></p>	<p>DHS sends corrective action notices to the MN-ITS mailboxes of providers who are noncompliant. These notices may require providers to:</p> <ul style="list-style-type: none"> <li>• Increase compliance by a set deadline.</li> <li>• Submit a written improvement plan.</li> <li>• Meet with DHS to review performance.</li> </ul> <p>If providers do not respond or fail to improve, DHS may escalate enforcement actions, as described in the enforcement section above.</p>
<p><b>Examples of compliance calculation</b></p>	<p><b>Example 1: Meeting the compliance threshold at the tax ID level</b></p> <p>Provider Agency ABC has one tax ID with four NPIs enrolled for EVV. During a DHS quarterly compliance review period, the provider's compliance rates are:</p> <ul style="list-style-type: none"> <li>• NPI 1: 55% compliance.</li> <li>• NPI 2: 60% compliance.</li> <li>• NPI 3: 45% compliance.</li> <li>• NPI 4: 50% compliance.</li> </ul> <p>DHS uses this calculation to determine the provider's combined tax ID compliance:</p> <p><math>(55\% + 60\% + 45\% + 50\%) \div 4 = 52.5\%</math> overall compliance</p> <p>When conducting a quarterly compliance review, DHS evaluates the combined compliance rate across all NPI numbers at the tax ID level. Not</p>

	<p>every NPI number meets or exceeds 50% individually, but the overall tax ID compliance rate meets the required threshold. As a result:</p> <ul style="list-style-type: none"> <li>• The tax ID is compliant for the review period.</li> <li>• DHS does not issue corrective actions.</li> <li>• Payments are not subject to compliance-related enforcement for this quarter.</li> </ul> <p><b>Example 2: Improving one NPI number but ignoring others after corrective action notice</b></p> <p>Provider Agency XYZ has one tax ID with four NPI numbers enrolled for EVV. DHS gave them a corrective action to improve three of their NPI numbers during the last quarterly review. During the next DHS quarterly compliance review period, the provider's compliance rates are:</p> <ul style="list-style-type: none"> <li>• NPI 1: Improved from 40% to 65% compliance after corrective action.</li> <li>• NPI 2: Remains at 25% compliance.</li> <li>• NPI 3: Remains at 25% compliance.</li> <li>• NPI 4: At 80% compliance.</li> </ul> <p>DHS uses this calculation to determine the provider's combined tax ID compliance: <math>(65\% + 25\% + 25\% + 80\%) \div 4 = 48.75\%</math> overall compliance Even though one NPI number showed improvement, the overall tax ID compliance rate remains below the required threshold because other NPI numbers continue to perform poorly. As a result of the quarterly review:</p> <ul style="list-style-type: none"> <li>• The tax ID remains noncompliant.</li> <li>• DHS continues corrective action until the overall tax ID compliance improves.</li> <li>• Payments remain at risk until the tax ID as a whole meets the required compliance threshold.</li> </ul>
<p><b>Caregiver responsibilities</b></p>	<p>Caregivers delivering EVV services must:</p> <ul style="list-style-type: none"> <li>• Verify visits using an approved method.</li> <li>• Submit EVV visits in real time, unless they are a live-in caregiver (refer to section below).</li> <li>• Submit accurate and complete visit information.</li> <li>• Use only their own login credentials.</li> <li>• Follow agency procedures for correcting errors.</li> </ul> <p><b>Live-in caregivers</b></p> <p>Live-in caregivers are not required to clock in and out of the EVV system in real time. Instead, they must enter required EVV data manually each day for every shift worked. DHS considers manual daily entries for live-in caregivers compliant when the caregiver enters all required EVV data elements accurately and on the same calendar day they provided services. These manual entries must include the same required elements listed in the data submission section above. Providers must:</p> <ul style="list-style-type: none"> <li>• Confirm live-in caregiver entries are tagged correctly in their EVV system or in HHAX to ensure those visits are excluded from DHS compliance percentage calculations.</li> </ul>

	<ul style="list-style-type: none"> <li>• Maintain documentation that verifies the caregiver’s live-in status (i.e., matching address, lease, ID or utility bill).</li> </ul> <p><b>Effect on compliance reporting</b> Manual entries for verified live-in caregivers do not reduce the provider’s overall EVV compliance percentage. However, manual entries that are not properly identified as live-in caregivers count toward the DHS noncompliance calculation.</p>
<b>MCO responsibilities</b>	<p>MCOs must:</p> <ul style="list-style-type: none"> <li>• Enforce DHS EVV compliance requirements across their provider networks.</li> <li>• Ensure network providers enroll with HHAX and are configured to submit EVV data.</li> <li>• Review provider compliance reports and follow up with noncompliant providers.</li> <li>• Apply DHS thresholds consistently.</li> <li>• Coordinate with DHS on corrective actions and payment enforcement.</li> </ul>
<b>How to improve compliance</b>	<p>The following actions have the biggest impact on a provider’s compliance rate:</p> <ul style="list-style-type: none"> <li>• <b>Increase real-time verification.</b> Make sure caregivers clock in and out using the mobile app, IVR or an approved FOB.</li> <li>• <b>Reduce manual entries and corrected visits.</b> Manual entries should be rare. Frequent manual entries might mean missed clock-ins/outs, device access issues or other barriers that need attention. Many manual entries occur because caregivers cannot access the mobile app or IVR at the time of service.</li> <li>• <b>Train caregivers on proper EVV usage.</b> Emphasize the importance of verifying visits in real time, for both billing and compliance purposes.</li> <li>• <b>Review the monthly HHAX compliance report.</b> Use this report to identify patterns, locations or caregivers who frequently enter manual visits and may need additional support.</li> </ul>
<b>Additional resources</b>	<p><a href="#">DHS – EVV</a>  <a href="#">DHS – EVV provider onboarding guide</a>  <a href="#">CBSM – EVV</a>  <a href="#">CBSM – EVV device usage policy</a>  <a href="#">CBSM – EVV live-in caregiver policy</a>  <a href="#">CBSM – EVV Safe at Home process</a>  <a href="#">CBSM – EVV verification methods policy</a></p>