

Electronic Visit Verification Compliance Measures for Home- and Community-Based Waiver Providers

Last updated: July 2, 2025

Overview

Per Section 12006 of the 21st Century Cures Act, all 50 states are required to implement Electronic Visit Verification (EVV) for Medicaid-funded personal care and home health services that require an in-home visit. The Executive Office of Health and Human Services (EOHHS) oversees the implementation and operation of EVV.

The purpose of this document is to provide specific EVV compliance requirements for Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waiver providers. For guidance on registration and compliance, see MassHealth [HCBS Waiver Provider Bulletin 24](#).

Failure to meet the compliance requirements may result in sanctions, including but not limited to termination from the MassHealth provider network.

The requirements set forth in this document apply for MassHealth enrolled ABI and MFP Waiver providers who are providing waiver services that require EVV.

EVV Compliance Requirements

The EVV compliance requirements will be conducted in three phases: registration, visit monitoring, and compliance implementation of claims edits. MassHealth outlines the compliance criteria for phase 2 in this document. Details on phases 1 and 3 can be found in the respective provider bulletins.

The compliance criteria are subject to change. MassHealth will update this document in the event of a change and notify providers.

Compliance Criteria for Phase 2

Compliance Check Point 1

Period: April 1, 2025 - June 30, 2025

Providers **are required** to have 30% compliance for auto-approved verified visits (i.e. visits that did not require manual intervention)

Compliance Check Point 2:

Period: July 1, 2025 - March 31, 2026

Providers **are required** to have 40% compliance for auto-approved verified visits (i.e. visits that did not require manual intervention)

Compliance Check Point 3:

Period: April 1, 2026 - Start of implementation of claims edits

Providers **are required** to have 50% compliance for auto-approved verified visits (i.e. visits that did not require manual intervention)

The above measurements are the total number of visits submitted over the phase period, not percentage of the claims submitted.

Determination of Compliance

MassHealth will review compliance using the Sandata Business Intelligence Reporting Tool. This data will be pulled by MassHealth on approximately the 15th day of the month following the end of the period mentioned above.

Providers must meet the compliance percentage by the last day of the period. Failure to meet the compliance check points may result in sanction enforcement as outlined in MassHealth HCBS Waiver Provider Bulletin 24.

Providers have access to the data aggregator where they can monitor their auto-verification visit data.