



Policy and Procedure No: PR 18.1		Revision No: 1
Division: Care Management		
Department: Provider Relations		
Title: PHC-CA Medi-Cal Electronic Visits Verification (EVV) Requirements		
Effective Date: 1/2/2023		
Supersedes Policy No: PR 18.0		
Reviewed/Revised by: Michael O'Malley		Review/Revision Date: 12/12/2025
Approving Committee: Member Provider Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To describe how the Health Plan shall comply with California Department of Health Care Services (DHCS) policy that require contracted providers of Medi-Cal-covered home-based services, such as personal care services (PCS) and home health care service (HHCS) comply with electronic visit verification (EVV) requirements.

Policy:

1. The Health Plan shall implement EVV requirements as described in this policy and procedure for HHCS on January 1, 2023.
2. The Health Plan shall implement EVV for all Medi-Cal-covered PCS and HHCS that are delivered during in-home visits by providers that include visits that start in the community and end in the home or vice versa.
3. The Health Plan utilizes DHCS's contracted EVV vendor, Sandata Technologies, LLC. Should the Health Plan opt to contract with a different EVV vendor, it shall file the resulting administrative service agreement with the California Department of Managed Health Care (DMHC).
4. The Health Plan requires its PCS and HHCS providers capture and transmit the following mandatory data elements:
 - a. The type of service performed
 - b. The name of the enrollee who is receiving the service
 - c. The date of service
 - d. The location of service
 - e. The name of the individual rendering the service
 - f. The time the service begins and ends
5. The Health Plan monitors its network providers to ensure compliance with EVV requirements in accordance with the established guidelines below:
 - a. Monitor providers for compliance with the EVV requirements and CalEVV information notices and alert DHCS to any compliance issues.

- b. Supply providers with technical assistance and training in EVV compliance.
 - c. Require providers to comply with an approved corrective action plan.
 - d. Deny payment if the provider is not complying with EVV requirements and arrange for enrollees to receive services from a provider who does comply with EVV requirements.
6. The Health Plan requires providers of community supports such as personal care and homemaker services, respite services and day habilitation programs to register no later than October 19, 2022.
 7. Should a network provider use an alternate EVV system, the Health Plan requires such an alternate system comply with all business requirements and technical specifications, including the ability to capture and transmit the required data elements to the EVV aggregator.
 8. The Health Plan requires contracted providers and subcontractors of PCS and HHCS services complete the self-registration process and ensure they are trained how to operate the system and have gained access to the state-sponsored EVV system and EVV aggregator.
 9. The Health Plan shall accept and pay clean claims for PCS and HHCS services that are billed with the appropriate CPT or HCPCS codes for such services pursuant to the Medi-Cal provider manual. Clean claims for PCS and HHCS services must include the proper place of service code or revenue code to indicate the rendering of such services in an enrollee's home.
 10. The Health Plan includes language in new provider service agreements for PCS and HHCS services that reflect provider EVV requirements as detailed in this policy and procedure.
 11. The Health Plan will draft and issue a provider service agreement amendment for existing contracted providers of PCS and HHCS services that reflects provider EVV requirements as detailed in this policy and procedure.
 12. The Health Plan ensures Compliance, Administration and Contracting and Provider Relations leadership maintain access to the DHCS-contracted EVV aggregator's reporting portal.
 13. The Health Plan shall not subject providers who render PCS or HHCS services as follows to EVV requirements:
 - a. HHCS or PCS that do not require an in-home visit are not subject to EVV requirements.
 - b. HHCS or PCS provided in congregate residential settings where twenty-four (24) hour service is available are not subject to the EVV requirements.
 - c. HHCS or PCS rendered by an individual living in the member's residence does not constitute an "in-home visit" and is not subject to EVV requirements.
 - d. Any services rendered through the Program of All-Inclusive Care for the Elderly. HHCS or PCS that are provided to inpatients or residents of a hospital, nursing facility including skilled nursing facility or residence of nursing facility, intermediate care facility for individuals with intellectual disabilities, or an institution for mental diseases.
 - e. Durable Medical Equipment is not subject to EVV requirements.

Procedure:

1. The National Director of Contracting and Provider Relations or his or her designee is responsible to draft new provider service agreements or amendments for existing provider service agreements for PCS and HHCS services that include EVV requirements as detailed in this policy and procedure. He or she is responsible to obtain fully executed agreements and amendments.
2. The National Director of Contracting and Provider Relations or his or her designee is responsible to ensure providers of PCS and HHCS services understand EVV requirements and how to register with DHCS’s EVV vendor, Sandata, and how to operate the application.
3. The National Director of Contracting and Provider Relations in collaboration with the Health Plan Administrator and Compliance Officer shall monitor provider EVV reporting using the Sandata Aggregator portal.
4. The Associate Director of Claims is responsible to ensure that claims for PCS and HHCS services rendered to PHC California enrollees include the appropriate CPT or HCPCS codes with proper place of service and/or revenue codes prior to issuing payment.

Definitions:

1. Electronic Visit Verification (EVV) – EVV is a federally mandated telephone and computer-based application program that electronically verifies in-home service visits. As a result, this program will aid in reducing fraud, waste, and abuse. The EVV program must verify each type of service performed, the individual receiving the service, the date of the service, the location of service delivery, the individual providing the service, and the time the service begins and ends.

Monitoring:

1. The National Director of Contracting and Provider Relations or his or her designee is responsible monitor network providers of PCS and HHCS services to ensure compliance with EVV requirements as described in this policy and procedure.
2. This policy is updated, as necessary, and reviewed and approved annually by the Member Provider Committee.

Reference(s):

1. DHCS All Plan Letter (APL) 22-014, [Electronic Visit Verification Implementation Requirements](#), dated July 21, 2022.
2. Welfare and Institutions Code (WIC); section 14043.51

Regulatory Agency Approval(s):

Date	Version	Regulatory Agency	Purpose	Response
10/16/2025	18.0	Department of Health Care Services (DHCS)	2024 Operational Readiness MOR.0253	Approved

