EVV Best Practices

PURPOSE

Electronic Visit Verification (EVV) is a crucial safeguard to ensure that participants receive the services they need and that providers bill accurately and ethically. By following EVV requirements and monitoring for irregular patterns, providers protect participants, caregivers, and their own agency from errors, overbilling, or potential fraud.

This document outlines common **red flags** that should prompt providers to ask questions and confirm that documentation supports billed services. Some of these issues may have legitimate explanations, but they always warrant review.

WHY THIS MATTERS

Providers are responsible for ensuring that claims submitted are accurate, supported by documentation, and based on actual services delivered. Ignoring warning signs may be viewed as **deliberate ignorance** or **reckless disregard of the truth**, which can lead to corrective action or referral to the **Medicaid Fraud Control Unit** for potential criminal investigation and recoupment of funds.

Our goal is to help you succeed and ensure participants receive the care they deserve. Paying attention to specific indicators protects everyone.

Red Flags to Watch For

Below are examples of patterns that should prompt a review, verification with the caregiver, and documentation follow-up.

Unusual Changes in Service Patterns

- Participant normally receives 3–4 hours of services per day but suddenly receives 20 hours per day with no explanation documented
- Shift to overnight services (for example, midnight–8 a.m.) when the care plan does not identify night-time needs or when daytime needs appear unmet

End-of-Month Hour Spikes

- Caregiver consistently increases service hours at the end of the month to reach the maximum allowed hours, regardless of participant need or documentation

School-Age Children

- Caregivers routinely documenting PCS services until midnight for a child who attends school
- Documenting PCS services at 5–6 a.m. for small children without documented need
- Recording services during school hours for school-age children who should be in class during the school year

Inconsistent Service Timing

- Homemaker services billed from 2–3 a.m. by one caregiver but performed during the day by another
- Caregivers marking *every* task *every day* (e.g., changing bedding and vacuuming daily when no medical need exists for such frequency)

Overlapping or Implausible Schedules

- Caregivers documenting back-to-back services for multiple participants who do not live in the same household with no travel time accounted for
- Caregivers with overlapping schedules for participants that live in the same household

GPS Location Concerns

- GPS shows caregivers logging in and out from across town or from a location inconsistent with the participant's address
- Caregivers logging visits from their own residence or from a business location
- Caregivers with another job logging visits from their place of employment
- Providers should routinely check GPS data and may need to conduct **spot checks or drop-ins** when patterns appear irregular

PROVIDER RESPONSIBILITIES

To maintain compliance and ensure accurate billing:

- Review EVV policies and ensure it sets clear expectations and supports the participant and caregivers
- Review EVV data regularly for unusual patterns
- Confirm that all services billed match documentation, care plans, and participant needs
- Follow up with caregivers promptly when inconsistencies appear
- Document explanations clearly and maintain records
- Train caregivers on correct EVV practices and reporting expectations

- Implement internal checks to identify emerging red flags

Your diligence helps ensure that:

- Participants receive the care they are entitled to
- Caregivers are supported and trained properly
- The agency maintains compliance and protects program integrity
- Public funds are used appropriately and ethically

VERSION HISTORY

Date	Version	Comments
04/2026	v1.0	New Document

The information outlined herein is not new law but is an agency interpretation of existing law, except as authorized by law or as incorporated into a contract. To seek additional information or provide input on the agency guidance document please reach out to BLTCQA@dhw.idaho.gov.