



# Medical Assistance BULLETIN

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**SUBJECT**

Electronic Visit Verification Manual Edits Noncompliance in the Fee-for-Service Delivery and Managed Care Delivery Systems

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## **PURPOSE:**

The purpose of this bulletin is to inform providers how the Department of Human Services (Department) will enforce compliance with Electronic Visit Verification (EVV) requirements and remind providers of existing EVV resources.

## **SCOPE:**

This bulletin applies to providers enrolled in the Medical Assistance (MA) Program who render Personal Care Services (PCS) and Home Healthcare Services (HHCS) to participants in:

- The Office of Developmental Programs' (ODP) Adult Autism Waiver, Community Living Waiver, Consolidated Waiver, Person/Family Directed Support Waiver, and Base Funded Program,
- The Office of Long-Term Living's (OLTL) OBRA Waiver, Act 150 Program, and Community HealthChoices Waiver, or
- The Office of Medical Assistance Programs' (OMAP) MA Fee-for-Service and Physical HealthChoices Programs.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Fee-for-service provider service center: 1-800-537-8862

Physical and Community HealthChoices providers should address any questions regarding EVV to the applicable MCO.

Visit the Office of Medical Assistance Programs Website at: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/contact-information-for-ma-providers.html>

## **BACKGROUND:**

On August 23, 2024, the Department issued [Medical Assistance Bulletin 05-24-01 et al. Updated Electronic Visit Verification Manual Edits Compliance Percentage Requirements in the Fee-for-Service Delivery and Managed Care Delivery Systems](#). This bulletin informed providers that they must achieve 85% of EVV records for verified visits without manual edits for PCS and HHCS beginning with dates of service on and after January 1, 2025, in order to meet federal EVV compliance requirements. The bulletin also notified providers that the Department would provide additional information on timelines related to monitoring, technical assistance, corrective action plans, and penalties for not meeting manual edit thresholds.

## **PROCEDURE**

### **Notification of Compliance Status**

Providers are responsible for self-verifying their EVV manual entry percentage on an ongoing basis.

To check compliance status, providers must review their EVV records and calculate their manual entry percentage for each reporting period. The EVV Compliance report is currently available in the EVV Aggregator. To access the EVV Compliance Report, providers need to log into the Aggregator and perform the following steps: 1) Choose Reports from the menu on the left; 2) In the Report Type drop down, choose Date Range Reports; 3) In the Report Name drop down, choose EVV Compliance; and 4) Choose Run Report. Providers have the ability to choose dates to run the report and can also narrow the report down by Account (if you have more than one), Client Name or Employee Name. The report provides detail information based on visit date, client, and employee for each account. The last page of the report shows summary information including the percentages of compliance.

Beginning in January 2026, the Department will begin issuing EVV alerts to providers whose EVV manual entry percentages exceed 15% for the previous quarter. Alerts issued in January 2026 will be based on the October – December 2025 quarter. These alerts will be sent directly by the Department to Fee-for-Service (FFS) providers and will include the provider's manual entry percentage for the applicable reporting period. The reporting period for notices of EVV manual entry percentages will be each quarter of the year. FFS providers will receive alerts directly from the Department for any reporting period quarter of EVV manual entry percentages exceeding 15%.

For managed care-enrolled providers, the Department will transmit a list of noncompliant providers to the appropriate managed care organizations (MCO) for awareness and MCO follow up. Community HealthChoices and Physical HealthChoices MCOs are responsible for monitoring managed care-enrolled provider compliance as outlined in their Agreements, corresponding bulletins listed in the Resources section, and Operations Memorandums.

## Monitoring and Compliance – Fee for Service

For **FFS** providers, exceeding the 15% manual entry threshold for two consecutive quarters will result in the issuance of a formal notice of noncompliance. This notice will be issued by the appropriate program office (ODP, OLTL, or OMAP) and will require the provider to submit a corrective action plan (CAP). The CAP must describe the steps the provider will take to achieve full compliance within a specified period and may include actions such as staff training, internal monitoring, and process improvements. Technical assistance will be available upon request to support the development and execution of the CAP.

If the provider continues to be noncompliant after the CAP period, the Department will evaluate how to proceed based on a set of objective factors. These may include, but are not limited to:

- **Extent of Noncompliance:** The percentage of EVV records requiring manual edits during the review period, which reflects the magnitude of deviation from the 15% threshold.
- **Compliance Trajectory:** Whether the provider's performance is improving, stable, or worsening over time, indicating the direction and pace of progress.
- **Corrective Action Status:** Whether the initial CAP was submitted, accepted, and implemented, and whether the provider took meaningful steps to correct deficiencies.
- **Repeatedness:** The number of consecutive quarters the provider has exceeded the threshold since the effective date of this bulletin.

Based on the above factors the Department will determine if the continued noncompliance warrants sanctions and, if so, which sanctions are appropriate. Sanctions will be imposed in accordance with the applicable program office requirements and MA regulations.

## Monitoring and Compliance - Managed Care Organizations

Under the Physical HealthChoices and Community HealthChoices Agreements, MCOs are responsible for monitoring their network providers' compliance with EVV requirements as outlined in applicable Department bulletins listed in the Resources section. When a provider who renders services in the managed care delivery system exceeds the 15% manual edit threshold for two consecutive quarters after the effective date of this bulletin, the MCO will initiate corrective action with the provider and submit documentation of those actions to the Department.

## **Monitoring and Compliance - Participant Directed Services**

In participant-directed service models offered by OLTL and ODP, the individual receiving services—or their designated representative—serves as the Common Law Employer (CLE) of the staff who provide services to the participant. The CLE is responsible for ensuring compliance with EVV requirements. Although CLEs do not enroll in the MA Program and do not receive direct compliance notices from the Department, their EVV compliance is monitored through program-specific procedures and oversight mechanisms.

In OLTL's participant-directed services model, the CLE is responsible for ensuring that Direct Care Workers (DCWs) meet EVV requirements. If a CLE's manual edit rate exceeds the established threshold, the Community HealthChoices MCO, or Service Coordinator for participants in FFS, is responsible for initiating and documenting corrective action. If the CLE does not achieve compliance, the MCO or Service Coordinator may recommend involuntary termination of the participant from the participant-directed services model, in accordance with Community HealthChoices program policies and applicable waiver provisions.

In ODP's Vendor/Fiscal Employer Agent (VF/EA) participant-directed services model, the CLE is responsible for ensuring that Support Service Professionals (SSPs) meet EVV requirements. When noncompliance with EVV thresholds is identified, the Department or the Administrative Entity may initiate corrective action. Continued or unresolved noncompliance may result in involuntary termination of the participant from the VF/EA model, in accordance with the CLE Agreement, ODP waivers and bulletins, and related guidance.

### **RESOURCES:**

When seeking service authorizations, rendering services, and billing for services, providers are encouraged to use the following resources:

- The EVV Compliance report is currently available in the EVV Aggregator. To access the EVV Compliance Report, providers need to log into the Aggregator and follow the following steps: 1) Choose Reports from the menu on the left; 2) In the Report Type drop down, choose Date Range Reports; 3) In the Report Name drop down, choose EVV Compliance; and 4) Choose Run Report. Providers can choose dates to run the report and can also narrow the report down by Account (if you have more than one), Client Name or Employee Name. The report provides detailed information based on visit date, client, and employee for each account. The last page of the report shows summary information including the percentages of compliance.
- The PROMISe™ Provider Handbook and Billing Guide found on the Department's website at: [https://www.dhs.pa.gov/providers/PROMISe\\_Guides/Pages/PROMISe-Handbooks.aspx](https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx).
- The Department's EVV web page for provider and MCO PCS and HHCS information and updates – <https://www.pa.gov/en/agencies/dhs/resources/for-providers/evv.html>

- MA Bulletin 05-20-03, titled “Electronic Visit Verification for Personal Care Services Provided in the Fee-for-Service Delivery System” – <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2020082601.pdf>
- MA Bulletin 07-20-04 et. al, titled “Electronic Visit Verification (EVV) for Personal Care Services (PCS)” – <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2020091001.pdf>
- MA Bulletin 05-22-09 et. al, titled “Electronic Visit Verification Requirements for Home Health Care Services in the Fee-for-Service Delivery and Managed Care Delivery Systems” – <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2022081001.pdf>
- MA Bulletin 05-24-01 et al, titled “Updated Electronic Visit Verification Manual Edits Compliance Percentage Requirements in the Fee-for-Service Deliver and Managed Care Delivery Systems” - <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2024082301.pdf>