



## **Aetna Better Health® of Virginia**

### Electronic Visit Verification (EVV)

#### Provider and Vendor Education on the Time Element

Dear Provider:

**Electronic Visit Verification (EVV)** was implemented as a provider choice model by Virginia Medicaid for Agency and Consumer Direct providers on September 1, 2020, and Home Health Care Services on January 1, 2024. Providers had to choose an **EVV** system that suited their business needs and followed specific requirements defined by the *CURES Act* and documented by DMAS. One of six required elements includes the time service begins and ends.

Aetna Better Health of Virginia has conducted **retrospective financial verification and service reviews on the time element**. There are plans to introduce a more rigorous review during intake in early 2026 to verify that time stamps are submitted accurately on claims and aligned to the services authorized and billed. The implementation of these hard edits will be announced via our provider website with the expected date of deployment.

This document is provided to help illustrate that claim lines must be for a single day and cannot span across two dates. Additionally, only whole hours can be billed as one unit, but minutes can be accrued for future billing on a claim. Minutes exceeding whole hours are accrued per member. Furthermore, this is covered in the [DMAS Electronic Visit Verifications FAQ](#). The DMAS FAQ includes examples of how minutes can be accrued, allowing no more than an hour to be carried over.

### **Time Stamps**

Aetna Better Health has seen time stamps for a single day that appear inaccurate. For example, a military time stamp notes **2041-1300**, which means the caregiver arrived in the evening at **8:41 PM** and left at **1:00 PM**.

**It is impossible to start in the evening and end in the afternoon of the same day.** What may have happened was the service crossed over to the next day.

**If that is the case, it should be separated into two service lines as shown below.**

**Date of Service 1:** 2041-2400 (8:41 PM to midnight)

**Date of Service 2:** 0000-1300 (midnight to 1:00 PM)

Check with your EVV vendor. There may be a setting that makes this correction automatically. A provider should not modify the time stamps manually to submit accurate claims. DMAS states that manual manipulation of service times is not advised.

## Carry Over Minutes

Additional minutes spent providing care can be accrued per member. Once the total sum of accrued minutes equals a whole hour, that whole hour can be billed. Accrued minutes should not exceed 60 minutes in a month. **There should never be an accrual that is a catch-up claim for multiple hours at the end of a month.**

The EVV system should be using a “carry over bucket” systematically.

Member Visit	Visit Duration	Units Billed	Accrued Bucket
Visit 1	1 hour 20 minutes	1 Unit	20 minutes in bucket
Visit 2	1 hour 45 minutes	2 Units	5 minutes (20 +45 - 60 = 5 )
Visit 3	1 hour 50 minutes	1 Units	55 minutes (5 + 50 = 55)
Visit 4	1 hour 10 minutes	2 Units	5 minutes (55+10-60 = 5)

This should **not** be a manual process. Systems should be able to do the math, accrue, and bill units accurately. Talk to your EVV vendor and ensure units are billed for correct reimbursement.

We appreciate your cooperation and commitment to compliance. Accurate EVV timestamping is essential to our program integrity efforts and compliance with Federal and State mandates. These financial reviews and upcoming system edits are part of our broader strategy to ensure proper billing and service verification are followed per the CMS and DMAS guidelines.

Thank you for your continued partnership.

Aetna Better Health of Virginia