

To: All Providers Participating in the Nebraska Medicaid Program
From: Drew Gonshorowski, Director *DG*
Date: April 23, 2025
Re: All PAS and HCBS Waiver (AD, DDAD, CDD, TBI, FSW) Providers: Upcoming Changes to EVV

The information in this bulletin updates Provider Bulletin [17-09](#).

Attention: Nebraska Medicaid is issuing this provider bulletin for all Personal Assistance Service (PAS) and Home and Community-Based Service (HCBS) providers to inform them that additional changes are being made to the Electronic Visit Verification (EVV) system to ensure that Nebraskans get the services they need.

In 2020, Nebraska Medicaid announced that PAS and HCBS providers were required to use the EVV system for their billing as of January 2021. Recent audit findings show that not all providers have fully complied with the regulations outlined in the requirements of the 21st Century Cures Act and Nebraska Administrative Code (NAC) titles, 403, 404, 471, and 480.

An audit by the State Auditor determined that some providers are out of compliance with the state and federal regulations to document and verify that the caregiver was with the client completing services. Claims can only be submitted for payment when the caregiver follows these requirements to substantiate their presence with the client.

Per the 21st Century Cures Act, all providers participating in the Medicaid program who render Personal Care Services (PCS) or Home Health Services (HHCS) are required to use the EVV system. In this bulletin, providers are defined as agency providers, independent providers, and caregivers.

Changes Effective June 25, 2025

This provider bulletin aims to provide advance notice and the opportunity to ask questions and/or provide feedback.

- Effective June 25, 2025, PAS and HCBS EVV claims will not be paid if any of the following apply:
 - The provider or caregiver does not have a National Provider Identification (NPI) associated with the EVV visit. (See [Provider Bulletin 24-24](#) for more information.)
 - The caregiver or independent provider exceeds 16 hours of visits per day for applicable service codes.
 - A recipient receives more than 16 hours of services per day for applicable service codes.
 - The provider fails to comply with state and federal regulations.

Nebraska Medicaid is working with our EVV vendor, Netsmart, to implement system controls to enforce these regulations. Future information, including stakeholder engagement, will occur ahead of any scheduled implementation.

These requirements also apply to claims submitted by alternate EVV vendors. If you utilize an Alternative EVV vendor, please contact your vendor to ensure compliance.

Provider Resources

Information on using the EVV system including provider training, stakeholder meetings, informational materials, and service codes can be found online at: <https://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>.

Online training and additional resources are available at no cost on Nebraska Medicaid's website at: <https://dhhs.ne.gov/Pages/EVV-Provider-Training.aspx>. Providers can also access training on Netsmart's website at: <https://mobilecaregiverplus.com/training/>.

Provider information on using the EVV system for PAS services can be found online at: <https://dhhs.ne.gov/Pages/Personal-Care-Services.aspx>.

Provider information on using the EVV system for HCBS services can be found online at: <https://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Services-Provider-Information.aspx>.

Provider Bulletins, such as this one, are posted on the DHHS website at <https://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

If you have questions regarding this bulletin, please email DHHS.MedicaidFA-EVV@Nebraska.gov.