

# Arizona Health Care Cost Containment System (AHCCCS) Medicaid Enterprise System Modernization

## AZ Electronic Visit Verification (EVV) Aggregator

### AHCCCS and MCO User Manual

Version: 1.2

Submitted Date: March 2026

### Revision History

Version	Effective Date	Revision Owner	Description of Change
1.0	9/19/2025	Nicole Kohn	Initial Draft
1.2	03/27/2026	Nicole Kohn	Report Name Changes New Reports Added Instructions on how to use distinct functions in the reports Updating screenshots for EVV new search field names Accessibility updates

## Contents

1. Purpose	4
2. Visit Review Screen	4
2.1. Visit Review Screen Filters .....	5
2.2. Visit Details Screen .....	6
3. Aggregator Reports	9
3.1. Claims Validation Rejection .....	11
3.2. Visit Claims Verification Status .....	11
3.3. Client Listing.....	11
3.4. Employee Listing.....	11
3.5. Call Summary.....	12
3.6. Provider Listing .....	12
3.7. Visit Listing.....	12
3.8. Visit Verification.....	12
3.9. Visit Verification Details.....	12
3.10. Visit Verification Summary .....	13
3.11. Client Visit Summary.....	14
3.12. Detail Visit Status.....	14
3.13. Summary Visit Status.....	14
3.14. Visit Log.....	15
3.15. Visit Verification Activity Summary .....	15
3.16. Visit Verification Exception .....	15
3.17. Daily Visits Over X Hours with Live in Caregiver Relationship .....	16
3.18. Weekly Visits Over XX Hours with Live-in Caregiver Relationship .....	16
3.19. Live in Caregiver Report.....	17
4. Business Intelligence Reports	17
4.1. Provider Listing .....	17
4.2. Employee Listing.....	18
4.3. Client List by Provider .....	19
4.4. Verified Visits- Auto Vs Manual .....	19

4.5.	Trending Visits.....	24
4.6.	Visits by Day.....	25
4.7.	Visits by Call Type .....	27
4.8.	Visit Listing (Current Week) .....	28
4.9.	GPS Visits Mapped.....	29
4.10.	Visit Modifications- By Visit Date.....	30
4.11.	Client Visit Conflicts .....	30
4.12.	Employee Visit Conflicts .....	31
4.13.	Daily Visits Over X Hours .....	33
4.14.	Weekly Visit Over XX Hours- Previous Week .....	34
4.15.	Reason Code Utilization by Visit Start Date .....	36
4.16.	Group Visits Summary .....	37
4.17.	Billable Activity by Provider .....	37
4.18.	Current Visit Exceptions Donut Chart .....	38
4.19.	Late/Missed Visits by Health Plan .....	39
4.20.	Late/Missed Visits by Provider .....	41
4.21.	AZ Contingency Plan .....	42
4.22.	AZ % of Missed/Late Visits Per Day .....	45
4.23.	Provider ID Cross Reference .....	45
4.24.	Claim Analysis .....	46
4.25.	Providers with 20-0% visits with the Unscheduled Visit Exception.....	46
4.26.	Providers with 80-100% visits with the Unscheduled Visit Exception.....	47
4.27.	Providers with 100% Auto Visits.....	48
4.28.	Providers with 100% Manual Visits .....	49
4.29.	DCW Employee with Active Visits.....	51
4.30.	DCW with Multiple Agencies with Active Visits.....	51
4.31.	DCW w/Daily Limits over 16 hours .....	52
4.32.	DCW w/Weekly Limits over 40 hours .....	53
4.33.	Average Percent of Auto Verified Visits.....	54
4.34.	Client Visit Overview.....	56
4.35.	Provider Visit Overview .....	56
4.36.	Provider Visit Duration vs Bill Hours.....	57
4.37.	Average number of Providers with Missed/Late Visits.....	58

4.38. Late/Missed Visits by Client..... 59

5. Helpdesk Ticket ..... 60

## 1. Purpose

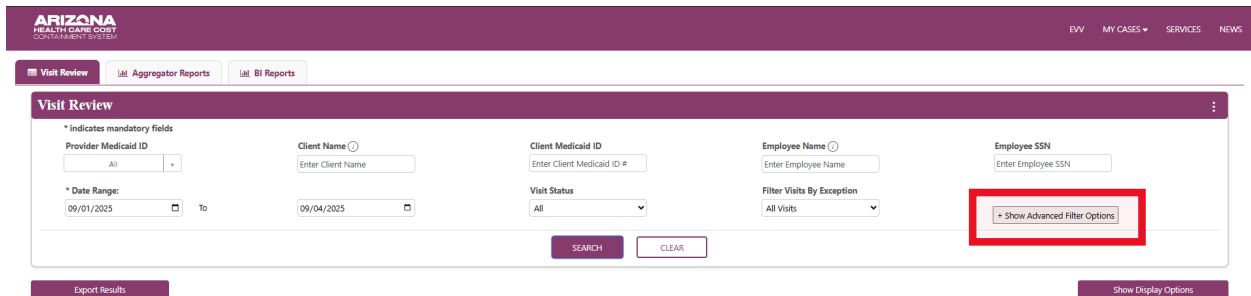
This User Manual is designed to help AHCCCS and MCO users understand how to navigate the **Arizona Health Care Cost Containment System (AHCCCS) Electronic Visit Verification (EVV) aggregator and reports**. Explaining how to use the interface to review visit data in the EVV aggregator, access and use various Aggregator and Business Intelligence reports.

## 2. Visit Review Screen

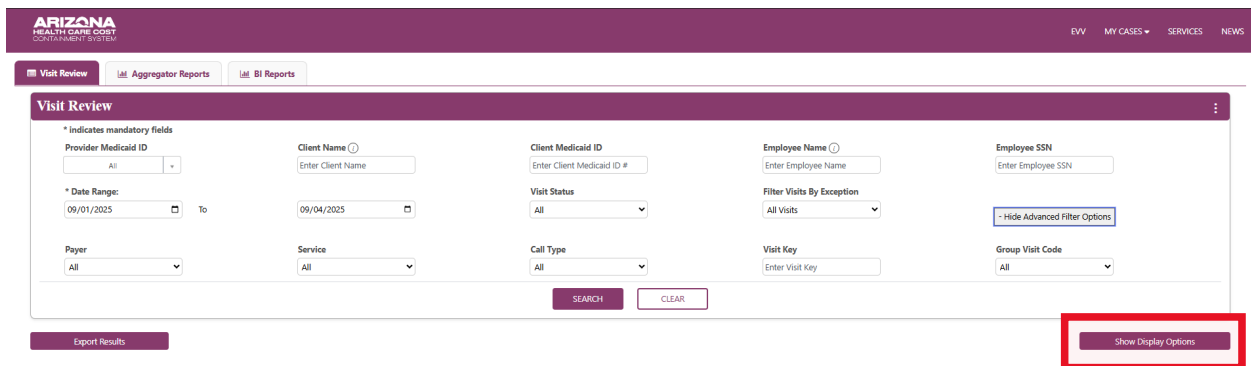
The **Visit Review** EVV page is located at <https://servicenow.azahcccs.gov/esc>.

To perform a search from the Visit Review page, user must select a **Date Range** (a mandatory field) and at least one additional search criteria, such as Client Name, Client Medicaid ID, or Employee Name.

**Note: Any of the other specified Search fields can be added to limit the results.**



The **Show Advance Filter Options** allows users to search on additional fields: Payer, Service, Call Type, Visit Key and Group Visit Code.



The **Show Display Options** feature allows users to customize the results view by selecting or removing columns. While there are preset column options, users can tailor the list to display only the columns relevant to their search criteria.

**Choose Columns**

[Select All](#)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Adjusted Hours     | <input checked="" type="checkbox"/> Do Not Bill        | <input checked="" type="checkbox"/> Service      |
| <input checked="" type="checkbox"/> Adjusted In        | <input type="checkbox"/> Employee Contact Phone Number | <input checked="" type="checkbox"/> Units        |
| <input checked="" type="checkbox"/> Adjusted Out       | <input type="checkbox"/> Employee ID                   | <input checked="" type="checkbox"/> Visit Date   |
| <input checked="" type="checkbox"/> Bill Hours         | <input checked="" type="checkbox"/> Employee Name      | <input type="checkbox"/> Visit Key               |
| <input checked="" type="checkbox"/> Call Hours         | <input type="checkbox"/> Group Visit Code              | <input checked="" type="checkbox"/> Visit Status |
| <input checked="" type="checkbox"/> Call In            | <input type="checkbox"/> In/OutCall Location           |  |
| <input checked="" type="checkbox"/> Call Out           | <input type="checkbox"/> Memo                          |  |
| <input type="checkbox"/> Claims Verification Status    | <input type="checkbox"/> Pay Hours                     |  |
| <input checked="" type="checkbox"/> Client Medicaid ID | <input type="checkbox"/> Payer                         |  |
| <input checked="" type="checkbox"/> Client Name        | <input checked="" type="checkbox"/> Scheduled Hours    |  |
| <input type="checkbox"/> Client Primary Phone Number   | <input checked="" type="checkbox"/> Scheduled Time In  |  |
| <input type="checkbox"/> Client Verified               | <input checked="" type="checkbox"/> Scheduled Time Out |  |

### 2.1. Visit Review Screen Filters

The **Search and Filter** section allows users to narrow down visit records based on specific criteria. Fields marked with an asterisk (\*) are mandatory. Below is a description of each available filter:

- **Provider Medicaid ID:** Provider Medicaid ID's associated with the MCO will populate in this drop-down field.
- **Client Name:** Enter the client's full or partial name as *last name, first name*.
- **Client Medicaid ID:** Clients Medicaid identification number.
- **Employee Name:** Enter the employee full or partial name as *last name, first name*.
- **Employee SSN:** Employee's Social Security Number.
- **Date Range\*:** Define the start and end dates for the visit search. This field is required.
- **Payer:** Payer associated with login credentials.
- **Service:** Service type provided i.e., T2017, G0151, S9124.
- **Visit Status:** Filter visits by their current status of Scheduled, In Process, In Complete, Verified, Processed and Omit.
- **Call Type:** Type of call, i.e., Manual, Mobile, Telephony.
- **Filter Visits by Exception:** filter by all visits, all exceptions, or specific exceptions type. If user selects exception types, filter will populate for user to select a specific exception type to filter for.
- **Visit Key:** Unique number for direct access to a particular visit record.
- **Group Visit Code:** Unique six-digit code associated with Group Visit functionality and allows users to search for all visits that are part of the same group.

At the bottom of the Visit Review Screen filters:

- **Search:** Applies the selected filters and displays the matching visit records.
- **Clear:** Resets all fields to their default values.
- **Show/Hide Advanced Filter Options:** Expands or collapses advanced filtering fields to simplify the search view.

## 2.2. Visit Details Screen

To view the **Visit Details**, user will select the relevant row from the results list corresponding to the visit they intend to review.

Double clicking row from results list will bring user to **Visit Details/Visit Detail Tabs**.

The Visit Detail Tabs allow users to view specific information related to a visit. This includes general details, client, employee, call log, tasks, exceptions, memo, claims, and history.

The **General** tab displays an overview of the visit’s key information. This includes the scheduled and actual start and end times, adjusted times, visit status, time zone, call and bill hours, and units. It also provides client verification details, such as whether the service was verified and if a client signature was captured. Additional fields include payer, service, agency ID and name, group visit code and visit source. This tab helps users quickly review the core details of a visit.

VISIT DETAILS

VISIT KEY # VISIT START DATE  
09-04-2025

CLIENT NAME CLIENT MEDICAID ID # EMPLOYEE NAME EMPLOYEE ID #

**GENERAL**

SCHEDULED START TIME SCHEDULED END TIME  
09/04/2025 1:15 PM 09/04/2025 1:18 PM

CLIENT

EMPLOYEE

CALL LOG

TASKS

EXCEPTIONS

MEMO

CLAIMS

HISTORY

FROM DATE TO DATE VISIT TIME ZONE VISIT STATUS  
09/04/2025 09/04/2025 US/Central Incomplete

CALL IN CALL OUT CALL HOURS UNITS  
1:15 PM 1:18 PM 0003 0

ADJUSTED IN DATE ADJUSTED OUT DATE  
09/04/2025 09/04/2025

ADJUSTED IN TIME ADJUSTED OUT TIME BILL HOURS  
1:15 PM 1:18 PM 0003

AGENCY ID AGENCY NAME  
J

PAYER SERVICE GROUP VISIT CODE  
-----

CLIENT VERIFIED TIME CLIENT VERIFIED SERVICE CLIENT SIGNATURE  
Yes Yes Yes

VISIT SOURCE SCHEDULE ID EXTERNAL ID DO NOT BILL  
J

The **Client** tab provides key client information, including coordinator, gender, language preference, address, and phone details. It also lists emergency contact information such as name, relationship, and email.

VISIT DETAILS

VISIT KEY # \_\_\_\_\_ VISIT START DATE 09-04-2025

CLIENT NAME \_\_\_\_\_ CLIENT MEDICAID ID # \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_

**CLIENT**

COORDINATOR \_\_\_\_\_ GENDER \_\_\_\_\_ LANGUAGE PREFERENCES SPANISH

ADDRESS TYPE Home ADDRESS LINE 1 \_\_\_\_\_ ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE AZ

ZIP CODE \_\_\_\_\_ PHONE TYPE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**EMERGENCY CONTACT**

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO CLIENT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

The **Employee tab** displays key employee details related to the visit, including the employee’s email address, hire date, and end date.

GENERAL

CLIENT

**EMPLOYEE**

CALL LOG

TASKS

EXCEPTIONS

MEMO

CLAIMS

HISTORY

EMAIL ADDRESS \_\_\_\_\_

EMPLOYEE HIRE DATE 08/20/2025 EMPLOYEE END DATE \_\_\_\_\_

The **Call Log tab** records call date, time, type, service, user, call source, and location information (latitude and longitude).

CALL IN	Client Medicaid ID#		
CALL DATE	CALL TIME	CALL TYPE	SERVICE
USER	LATITUDE	LONGITUDE	LOCATION
CALL SOURCE			
CALL OUT	Client Medicaid ID#		
CALL DATE	CALL TIME	CALL TYPE	SERVICE
USER	LATITUDE	LONGITUDE	LOCATION
CALL SOURCE			

The **Tasks** tab records the Task ID, Description, and whether the task was refused.

TASK ID	DESCRIPTION	TASK REFUSED
---------	-------------	--------------

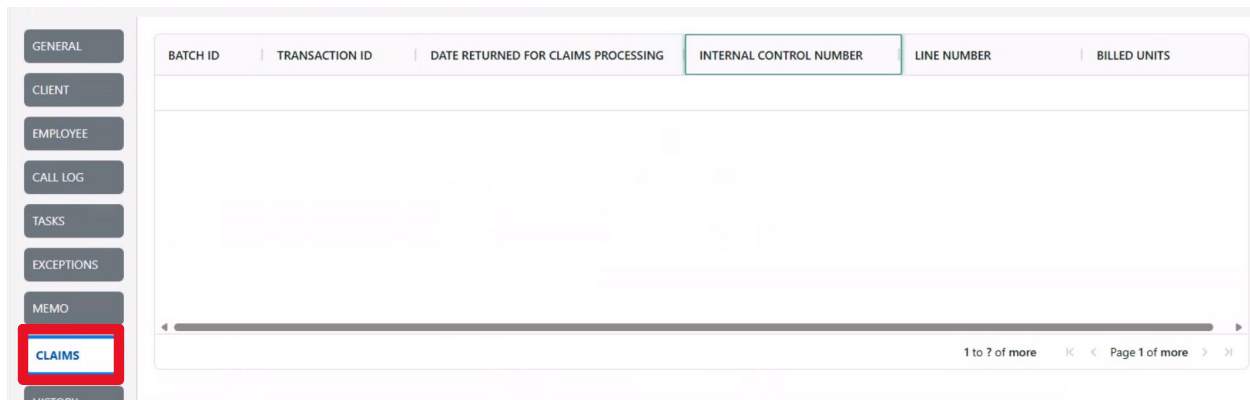
The **Exceptions** tab shows exceptions that prevent a visit from being billable or ready for claims validation or will have 'no exceptions found.'

Client Signature Exception
Service Verification Exception
Visit Verification Exception
Visits Without Out-Calls

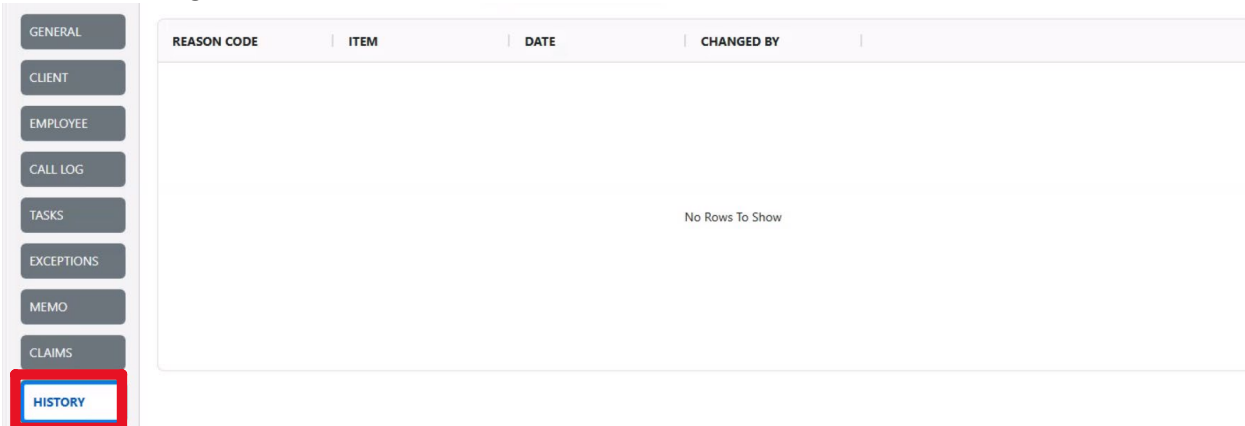
The **Memo** tab displays memos for a visit.

MEMO

The **Claims** tab shows when a visit is returned to the claims adjudication system, the data is logged and displayed on this screen for reference.



The **History** tab displays all manual changes made to the visit along with the reason code, date, and user that made change.



### 3. Aggregator Reports

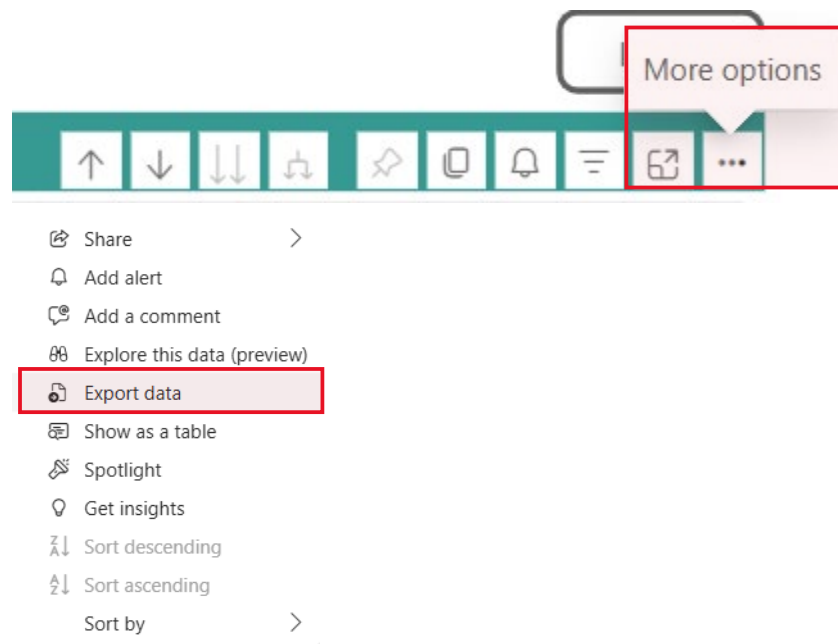
The Aggregator and PowerBI offer a variety of different reports that allow users to review detailed information about clients, employees, and visits. The following section lists the reports available to AHCCCS and MCO's, along with a brief description of each report and the filters that can be applied. To access Aggregator Reports, users will select Aggregator Reports or the Power BI tab in the ServiceNow User Interface EVV screen.. All Aggregator reports display up to one year of data. However, reports such as **Claims Validation Rejection**, **Client Listing**, and **Provider Listing** do not have a date limitation, as they do not include visit date fields.

**AHCCCS logins have access to all data across each report, while MCO logins are limited to viewing only the data associated with their respective MCO.**

**Service Now:**



Users can **export** any report by first clicking within the report, then selecting the three dots (More options) in the top-right corner and choosing Export data.



Users can **sort data** in **ascending** or **descending** orders by selecting a column name. Sorting helps organize data to make it easier to analyze, ascending order arranges values from lowest to highest (e.g., A to Z or smallest to largest), while descending order arranges values from highest to lowest (e.g., Z to A or largest to smallest).

### 3.1. Claims Validation Rejection

This report displays all claim validation requests that were returned unsuccessfully during the claim validation process. It helps quickly identify claims where matching EVV information was not found.

**Note:** No data is available for dates prior to 10/01/2025.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Provider Medicaid ID, and Service, as well as adjusting the report date range. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.2. Visit Claims Verification Status

This report displays all visits within the selected date range and shows the last time each visit was matched and returned. All visits in this report will have the status as 'Processed.'

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Provider Medicaid ID, Service, Client Medicaid ID, Client Name, Visit Start Time, as well as adjusting the report date range. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.3. Client Listing

This report lists all clients from the EVV, along with their associated information.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Client Name, Provider Medicaid ID, and Client Medicaid ID. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.4. Employee Listing

This report displays a list of employees, including corporation, provider Medicaid ID, employee ID, name, email, and masked SSN.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Employee Name, and Provider Medicaid ID. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.5. Call Summary

This report lists call information for each client.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Employee Name, Provider Medicaid ID, Visit Start Time, Client Name, Client Medicaid ID, Service, and Visit Date Range. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.6. Provider Listing

This report lists all providers from the Aggregator system along with their associated details.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation and Provider Medicaid ID. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.7. Visit Listing

This report provides a detailed listing of visits, including provider, client, and employee information, along with visit dates, start and end times, and visit status.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Provider Medicaid ID, Visit Start Time and Visit Date Range. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.8. Visit Verification

This report provides information about visits by tracking Visit Date and Client Name to reconcile Scheduled Hours against actual Call Hours, ensuring that final Bill Hours and Units are accurate.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Provider Medicaid ID, Visit Start Time, Visit Date Range, Employee Name, Service, Client Medicaid ID, and Client Name. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.9. Visit Verification Details

This report displays how visits from the Aggregator system are verified, either manually or automatically for the selected parameters. It focuses on visits in **Verified** or **Processed** status.

The **Verification Type** is a calculated field determined as follows:

**Auto Verified** visits meet all of these conditions:

- No adjusted times
- No exceptions with IDs 3, 4, 23, or 34
- If a Call in Time exists, the Call in Type is not **Manual**.
- If a Call Out Time exists, the Call Out Type is not **Manual**.

**Manually Verified** visits meet any of these conditions:

- Adjusted times are present.
- Exceptions with IDs 3, 4, 23, or 34 are associated with the visit.
- If a Call in Time exists, the Call in Type is **Manual**
- If a Call Out Time exists, the Call Out Type is **Manual**

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Provider Medicaid ID, Service, Visit Start Time, Visit Date Range. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.10. Visit Verification Summary

This report displays visit verification statistics by **Provider Medicaid ID**, allowing users to compare the number of automatically verified visits versus manually verified visits across providers. It also includes counts for visits pending verification and omitted visits.

The **Verification Type** is a calculated field determined as follows:

**Auto Verified** visits meet all of these conditions:

- No adjusted times
- No exceptions with IDs 3, 4, 23, or 34
- If a Call in Time exists, the Call in Type is not **Manual**.
- If a Call Out Time exists, the Call Out Type is not **Manual**.

**Manually Verified** visits meet any of these conditions:

- Adjusted times are present.

- Exceptions with IDs 3, 4, 23, or 34 are associated with the visit.
- If a Call in Time exists, the Call in Type is **Manual**
- If a Call Out Time exists, the Call Out Type is **Manual**

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Provider Medicaid ID, Visit Start Time, Visit Date Range. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.11. Client Visit Summary

This report provides visit-level details, including provider, client, service, and employee information, along with visit identifiers, dates, and calculated metrics such as hours and total visit counts, enabling users to analyze visit activity and utilization across providers and clients.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Employee Name, Service, Visit Date Range, Client Medicaid ID, Client Name, Provider Medicaid ID. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.12. Detail Visit Status

This report provides detailed visit-level information from the Aggregator system, including provider, client, employee, and service data, along with visit status, scheduled and actual call times, and any adjusted times. It also highlights unresolved exceptions for incomplete visits, enabling users to monitor visit accuracy, status, and compliance.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Visit Date Range, Visit Status, Visit Start Time, Provider Medicaid ID. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.13. Summary Visit Status

This report provides a breakdown of visits counts by status and the length of time each visit has remained in that status. It categorizes visits into aging buckets (e.g., less than 1 day, 1–5 days, 6–10 days, 11–15 days, 16–31 days, and over 31 days), allowing users to track how long visits remain in each status and identify delays in processing. The report also includes a total number of visits by status for the selected parameters.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Visit Date Range, and Provider Medicaid ID. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

**Note:**

Only three visit status values are displayed in this report: **Scheduled**, **Incomplete**, and **Verified**.

If a visit progresses through multiple status values, the number of days is calculated as the difference between the visit record insert dates of consecutive status records. If only one status exists for a visit, the number of days is calculated as the difference between the report creation date and the visit record insert date.

### 3.14. Visit Log

This report provides detailed visit-level data, including employee and service information, along with scheduled, actual call, and adjusted times. It includes calculated hours for each time type, billed hours, and associated reason codes, allowing users to compare scheduled versus actual service delivery and identify discrepancies impacting billing and compliance.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Visit Date Range, Provider Medicaid ID, Visit Start Time, Employee Name, Client Medicaid ID, Service and Client Name. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.15. Visit Verification Activity Summary

This report displays a list of modified visits from the Aggregator system, including provider, client, employee, and service details. It provides scheduled, actual call, and adjusted times along with calculated hours, billed hours, units, and associated reason codes, enabling users to review changes made to visits and assess their impact on billing and compliance.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Visit Date Range, Provider Medicaid ID, Visit Start Time, Employee Name, Client Medicaid ID, Service and Client Name. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

### 3.16. Visit Verification Exception

This report displays a list of visits by exceptions and exception type from the Aggregator system, including provider, client, employee, and service details. It provides scheduled, actual call, and adjusted times along with calculated hours, billed hours, units, and associated reason codes.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Visit Date Range, Provider Medicaid ID, Visit Start Time, Employee Name, Client Medicaid ID, Service and Client Name. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

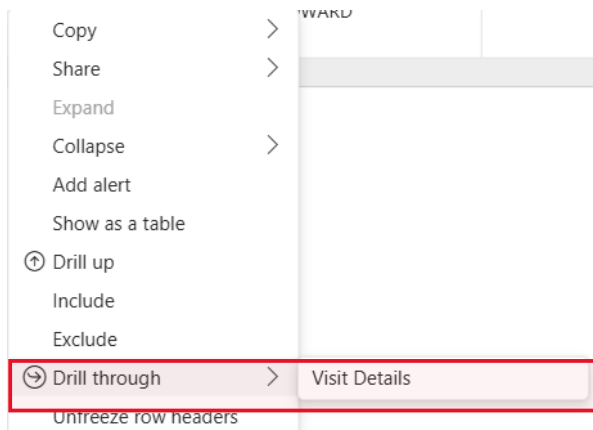
### 3.17. Daily Visits Over X Hours with Live in Caregiver Relationship

This report provides a summary of daily visits that exceed requested hours, along with live-in caregiver relationship information. The data is aggregated by payer, Provider Medicaid ID, employee SSN, client Medicaid ID, and service, and users can drill down on any row to view detailed visit information.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Visit Start Date, Client Medicaid ID, Hours, Employee Name, Provider Medicaid ID, and Service. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

There are two pages in this report: **Daily Visits Over X Hours with Live-In Caregiver Relationship** and **Visit Details**.

Users can right click on any row in the Daily Visits Over X Hours with Live-In Caregiver Relationship page to drill through to the Visit Details for the row.



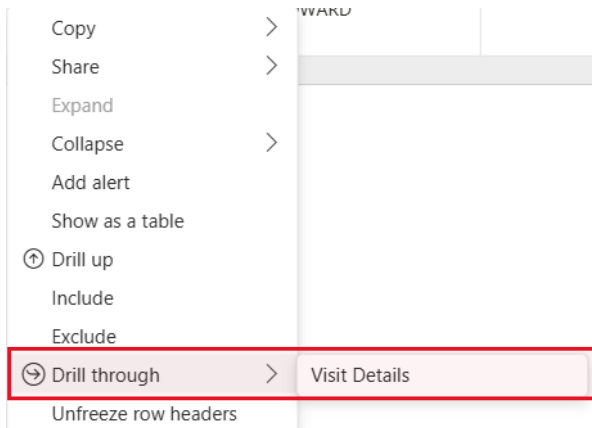
### 3.18. Weekly Visits Over XX Hours with Live-in Caregiver Relationship

This report contains summarized information about the weekly visits over requested hours along with the live-in caregiver relationship information. The visits are summarized by Provider Medicaid ID, Employee SSN, Client Medicaid ID, and the service.

The Filter Pane allows users to refine report data by selecting criteria such as Corporation, Visit Start Date, Client Medicaid ID, Hours, Employee Name, Provider Medicaid ID, and Service. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

There are two pages in this report: **Weekly Visits Over XX Hours with Live-In Caregiver Relationship** and **Visit Details**.

Users can right click on any row in the Weekly Visits Over XX Hours with Live-In Caregiver Relationship page to drill through to the Visit Details for the row.



### 3.19. Live in Caregiver

This Report is used to document and track all active live-in caregiver arrangements for clients, including payer and vendor information, provider and client identifiers, caregiver details, and the procedure codes being billed. It shows whether the client is a minor, the employee’s unique identifier and name, and the specific live-in service designation to ensure compliance with payer and regulatory requirements. The report also includes cross-reference start and end dates and the caregiver’s relationship to the client so that agencies can verify eligibility, monitor service periods, and maintain accurate records.

The Filter Pane allows users to refine report data by selecting criteria such as Payer ID, Provider ID, Client ID, Live- In, Is\_Minor, Relationship, Procedure Code. Users can apply filters to narrow results, clear selections using the **Clear** button, or close the pane using the **Close** button.

## 4. Business Intelligence Reports



### 4.1. Provider Listing

The report lists all the EVV providers in the State program including the history of switching EVV Vendors, demographic information, and a summary of their activity such as the number of active employees, number of active clients, number of visits for the current month and number of visits year to date. The “Provider Type” field will not be included as the value is always “Alt EVV.” This information should be considered the primary source of summary and detailed level provider information.

Filters: used to refine, restrict, or control the data displayed in report.

Filters

Search

Filters on this page

- Vendor is (All)
- Provider Medicaid ID is (All)
- Provider Name is (All)
- City is (All)
- Zip Code is (All)

## 4.2. Employee Listing

The report lists all the employees across all providers. Individuals working for multiple providers will be listed multiple times, once for each provider they are employed with. It is the primary source of employee information for the program.

Filters: used to refine, restrict, or control the data displayed in report.

Filters

Search

Filters on this page

- Provider Medicaid ID is (All)
- Provider Name is (All)
- Employee Full Name is (All)
- Employee SSN is (All)
- Active Status is (All)

There are two pages in this report: **Employee Listing** and **Employee Details**.

Users can right click on any row in the Employee Listing page to drill through to the Employee Details page.

Copy	>	2
Share	>	2
Add alert		1
Show as a table		1
Include		3
Exclude		2
Exclude		3
Drill through	>	Employee Details
Clear selections		1

### 4.3. Client List by Provider

The report lists all clients across all providers and is the primary source of client information. This report includes client demographics in addition to the service and payer. Users may opt to select an individual Provider to view all clients associated with that provider. A given client could be listed multiple times.

Filters: used to refine, restrict, or control the data displayed in report.

**Filters** >

Filters on this page ...

Provider Medicaid ID  
is (All)

Provider Name  
is (All)

Client Medicaid ID  
is (All)

Payer  
is (All)

Service  
is (All)

### 4.4. Verified Visits- Auto Vs Manual

The report is a summary of visit verification activity by provider Medicaid ID where the details of visits verified, automatic and manually verified visits and omitted visits are shown. It will only include activity within the last 31 days. Visits in Processed status are verified visits that have gone through claims adjudication and successfully returned. Visits in Scheduled, In Process, Omitted or Incomplete status are not verified.

The verification type is a calculated field determined using the logic described below:

**Auto Verified** visits are those in Verified or Processed status where all these scenarios are true:

- There are no adjusted times.
- There are no Exceptions posted on the visit with exception IDs 3,4,23,34.
- If Call in Time exists and Call in Type is not Manual
- If Call Out Time exists and Call Out Type is not Manual

**Manually Verified** visits are those in Verified or Processed status where any of these scenarios are true:

- There are Adjusted times on the visit.
- There are Exceptions posted on the visit with exception IDs 3,4,23,34.
- If Call in Time exists and Call in Type is Manual
- If Call Out Time exists and Call Out Type is Manual

The number of visits and verified visits are calculated below.

- # Visits = # Verified Visits + # Not Verified
- # Verified Visits = # Auto Verified + # Manually Verified

There are multiple pages in this report: **Verified Visits Auto Vs Manual, Payer Details, Provider Medicaid ID Details, % Verified Details, % Auto Verified Details, % Manual Verified Details, and % Omitted Details.**

Users can drill down on any row in the Verified Visits Auto VS Manual page by right clicking then drill through and select any of the pages Payer Details, Provider Medicaid ID Details, % Verified Details, % Auto Verified Details, % Manual Verified Details, and % Omitted Details.

Drill through		
	AZDDD	33
	AZDDD	84
H INC	AZBUFC	4
IDE	AZUCP	2

- % Omitted Details
- % Auto Verified Details
- % Manual Verified Details
- Payer Details
- Provider Medicaid ID Details
- % Verified Details

Filters used to refine, restrict, or control the data displayed in Verified Visits Auto Vs Manual Page:

☰ Filters >

🔍 Search

Filters on this page ...

- Provider Medicaid ID is (All)
- Provider Name is (All)
- Visit Status is (All)

**When drilling to Payer Details**, the report drills down and displays all visit fields for the corresponding payer and associated selections. Filters used to refine, restrict, or control the data displayed on the Payer Details page:

☰ Filters >

🔍 Search

Filters on this page ...

- Provider Medicaid ID is (All)
- Provider Name is (All)
- Client Medicaid ID is (All)
- Client Full Name is (All)
- Employee Full Name is (All)
- Visit Status is (All)
- Visit Key is (All)
- Payer is (All)

**When drilling to Provider Medicaid Details**, the report drills down and displays all visit fields for the corresponding Provider Medicaid ID and associated selections. Filters used to refine, restrict, or control the data displayed on the Provider Medicaid Details page:

☰ Filters >

🔍 Search

Filters on this page ...

Payer  
is (All)

Client Full Name  
is (All)

Employee Full Name  
is (All)

Visit Status  
is (All)

Visit Key  
is (All)

**When drilling to the % Verified**, report displays visits in Processed and Verified status for the last 31 days. Filters used to refine, restrict, or control the data displayed in the % Verified page:

☰ Filters >

🔍 Search

Filters on this page ...

Provider Medicaid ID  
is (All)

Provider Name  
is (All)

Client Medicaid ID  
is (All)

Client Full Name  
is (All)

Employee Full Name  
is (All)

Visit Key  
is (All)

Visit Start Date  
is (All)

**When drilling to the % Auto Verified page**, the report displays visits in Processed and Verified status with Verified Type as Auto for the last 31 days. Filters used to refine, restrict, or control the data displayed on the % Auto Verified page:

≡ Filters >

Filters on this page ...

Provider Medicaid ID    ▾    ◊  
is (All)

Provider Name    ▾    ◊  
is (All)

Client Medicaid ID    ▾    ◊  
is (All)

Client Full Name    ▾    ◊  
is (All)

Employee Full Name    ▾    ◊  
is (All)

Visit Key    ▾    ◊  
is (All)

Visit Start Date    ▾    ◊  
is (All)

**When drilling to the % Manual Verified page**, report displays visits in Processed and Verified status with Verified Type as Manual for the last 31 days. Filters used to refine, restrict, or control the data displayed in the % Manual Verified page:

≡ Filters >

Filters on this page ...

Provider Medicaid ID    ▾    ◊  
is (All)

Provider Name    ▾    ◊  
is (All)

Client Medicaid ID    ▾    ◊  
is (All)

Client Full Name    ▾    ◊  
is (All)

Employee Full Name    ▾    ◊  
is (All)

Visit Key    ▾    ◊  
is (All)

Visit Start Date    ▾    ◊  
is (All)

**When drilling to the % Omitted page**, report displays visits in Omitted for the last 31 days. Filters used to refine, restrict, or control the data displayed in the % Omitted page:

Filters

Search

Filters on this page

- Provider Medicaid ID is (All)
- Provider Name is (All)
- Client Medicaid ID is (All)
- Client Full Name is (All)
- Employee Full Name is (All)
- Visit Key is (All)
- Visit Start Date is (All)

#### 4.5. Trending Visits

The area chart shows the total number of visits per day, revealing changes in volume of services provided in the last 2 weeks for the entire provider base or a single provider. For each date, an area of the chart will be highlighted with a different color to represent the number of visits provided for each service. The services included in the report will depend on the data available for the date range selected.

There are three pages in this report: **Trending Visits**, **Visits by Provider and Service**, and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Trending Visits** page.

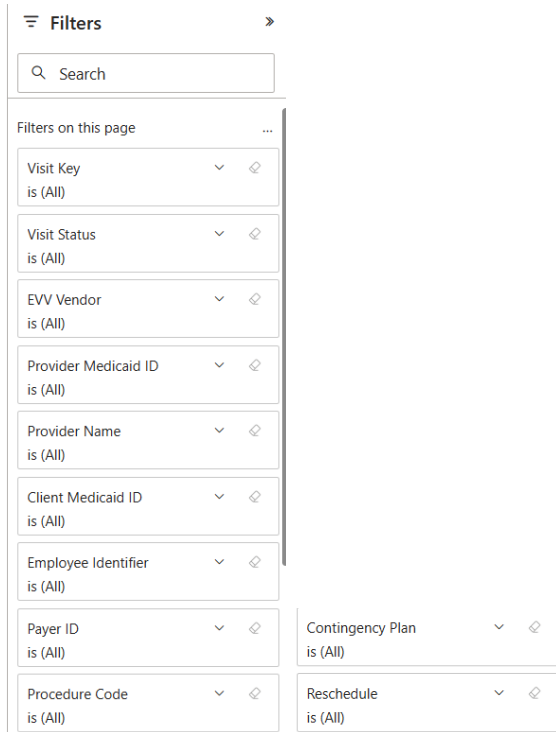
Filters

Search

Filters on this page

- Provider Medicaid ID is (All)
- Provider Name is (All)

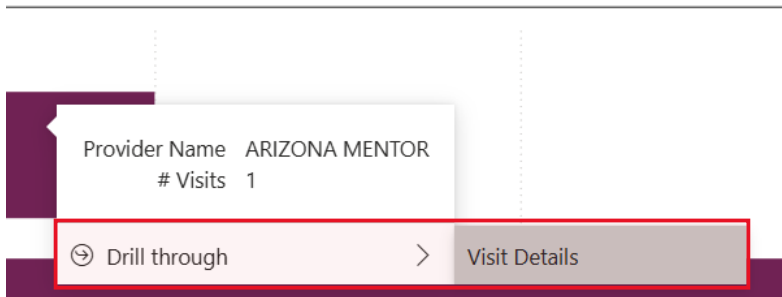
Filters used to refine, restrict, or control the data displayed on **Visit Details** page.



Right clicking or hovering over a colored area on the Trending Visit page will drill down into the Visits by Provider and Service view. This view contains a horizontal bar chart with a breakdown by provider for the date and service selected. The number of visits by provider will be indicated outside of each bar.

User may hover over any bar on the Visits by Provider and Service view page to see the Provider Name and # of visits. Users may drill through a specific bar to get visit details.

### Visits by Provider and Service



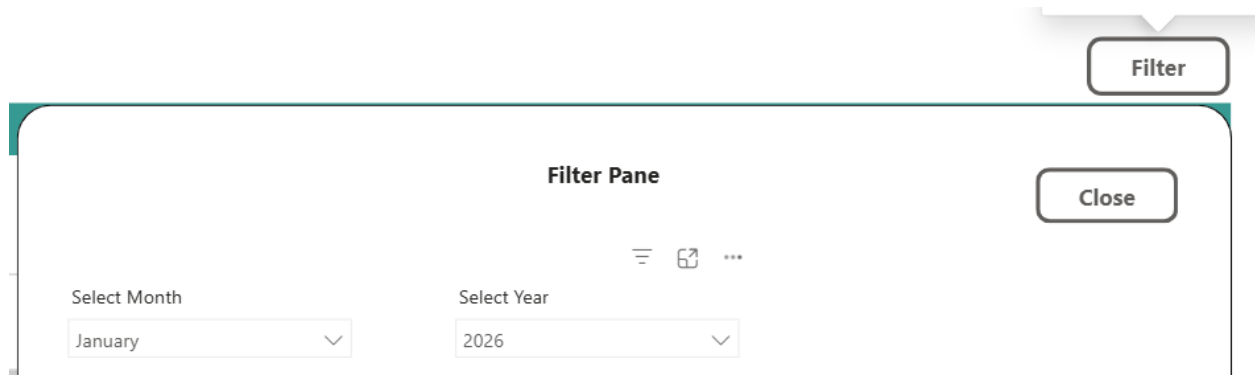
#### 4.6. Visits by Day

The report shows the visit volumes in a month. The number of visits performed on a specific date can also be determined based on the metrics shown in the report.

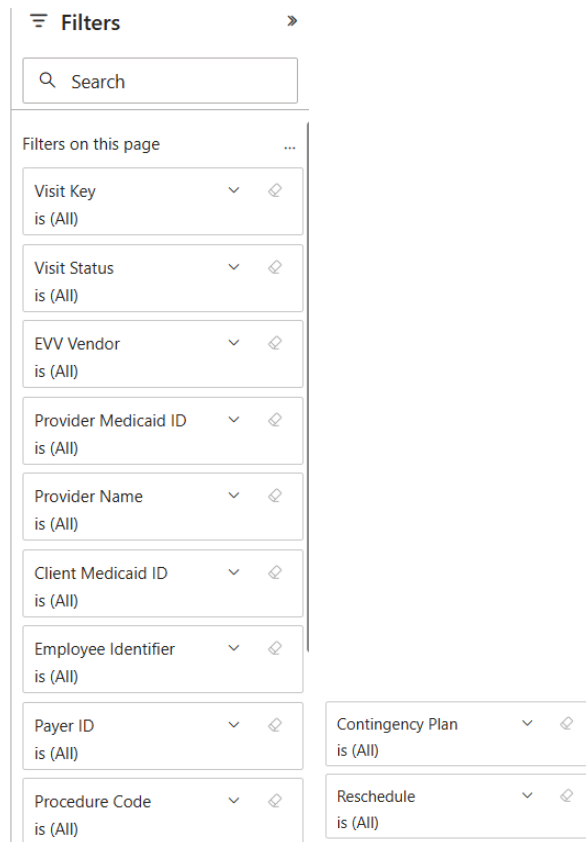
The calendar uses a heatmap to indicate the volume of visits each day, for the current month. The darkest shade of green denotes a higher volume of visits while the lightest shade indicates a lower volume of visits. This is helpful in identifying trends (for example: weekdays vs weekends) and spikes in services that may be related to holidays or other reasons that would need further investigation.

There are two pages in this report: **Visits by Day** and **Day Details**.

Filter Pane used to refine, restrict, or control the data displayed on **Visits by Day** page.



Filters used to refine, restrict, or control the data displayed on **Day Details** page.



On the **Visits by Day** page, users can drill through by selecting either the **weekday name** to view visit details for that day across the month, or a **specific date** to see detailed visit information for that particular day.

#### 4.7. Visits by Call Type

The pie chart shows the distribution of visits based on the Call Type used during the in call: Call Type: MVV, IVR, FVV, Manual and Other, for the last 31 days. The Call Types included will depend on the data available.

Total visit counts for the filtered Call Types are displayed below the card title. Hovering over a particular call type highlights the corresponding slice in the report and displays the total number of visits and the percentage in relation to the total visits in the reporting date range.

This report contains three pages: **Visits by Call Type**, **In Call Type by Provider**, and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Visit Details** page.

☰ Filters >

🔍 Search

Filters on this page ...

Visit Start Date is (All)	▼	🔗
Visit Key is (All)	▼	🔗
Visit Status is (All)	▼	🔗
EVV Vendor is (All)	▼	🔗
Provider Medicaid ID is (All)	▼	🔗
Provider Name is (All)	▼	🔗
Client Medicaid ID is (All)	▼	🔗
Employee Identifier is (All)	▼	🔗
Payer ID is (All)	▼	🔗
Procedure Code is (All)	▼	🔗
Contingency Plan is (All)	▼	🔗
Reschedule is (All)	▼	🔗

On the **Visits by Call Type** page, users can hover over any color in the pie chart to view the corresponding call type and number of visits. Users can also drill down on any call type to navigate to the **Call Type by Provider** report.

Within the **Call Type by Provider** report, users can hover over any bar in the graph to see the provider's name and the number of visits. Users may also drill through any bar to view detailed visit information for the selected provider and call type.

#### 4.8. Visit Listing (Current Week)

The report displays all visits with a visit start date within the current week. Filtering the data by Visit Status will be helpful in determining the volume of visits for that status and comparing it to others.

Filters used to refine, restrict, or control the data displayed on **Visit Listing (Current Week)** page.

☰ Filters >

🔍 Search

Filters on this page ...

Payer is (All)	Missing Signature is (All)
Vendor is (All)	Unknown Client is (All)
Provider Medicaid ID is (All)	No In Call is (All)
Provider Name is (All)	No Client Verification is (All)
Client Medicaid ID is (All)	No Out Call is (All)
Employee SSN is (All)	
Visit Status is (All)	
Visit Key is (All)	
Missing Service is (All)	

#### 4.9. GPS Visits Mapped

The map shows the location of all calls made from a GPS-enabled device for a week. This report is invaluable not just for showing call density within the state but also showing calls that occurred outside of the state. These outliers likely need investigation to determine if they were collected properly or if services were appropriately rendered outside of the state.

There are two pages: **GPS Visits Mapped** and **Visit Details**.

On the **GPS Visits Mapped** page, users can hover over any dot on the map to view the **Visit Key**, **Call Latitude**, **Call Longitude**, and **Provider Medicaid ID**. Users can then drill through on a selected dot to access detailed visit information.

Filters used to refine, restrict, or control the data displayed on **GPS Visits Mapped** and **Visit Details** page.

☰ Filters >

🔍 Search

Filters on this page ...

Visit Start Date is (All)
------------------------------

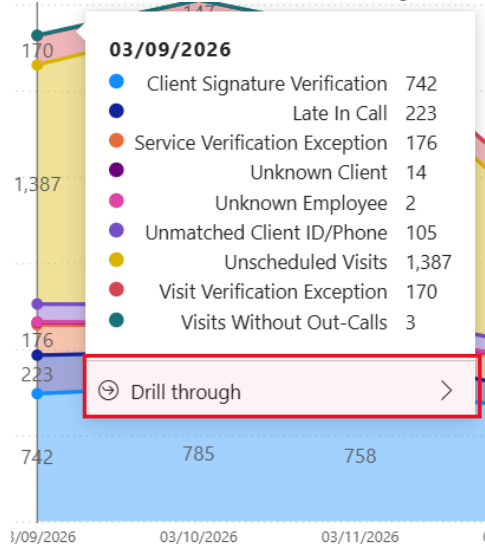
#### 4.10. Visit Modifications- By Visit Date

The report shows the number of modifications made in the last 7 days, graphed by day. Each type of modification made is represented in the report by an area of a different color. The modifications listed will depend on the configuration in place for the implementation. This report can be used to determine which types of changes are being made most often to a visit. The activity name maps to the Exception on the visit and changes made to the visit.

Hovering over any point on the map will show you all visit modifications and totals for that day.

This report contains three pages: **Visit Modifications- By Visit Date**, **Activity Details**, and **Visit Details**.

To drill through from the **Visit Modifications – By Visit Day** page to the **Activity Details** page for a specific modification, users must hover over the graph to identify the data point that corresponds to the color of the modification shown in the legend. Note: user does not right click to drill through on graph.



The **Activity Details** page displays a graph based on the selected modification. After drilling through, users can view the provider’s name and the number of modifications. To drill down further, users can right-click on a provider name in the graph to access detailed visit information for that provider.

#### 4.11. Client Visit Conflicts

This report displays a six-month heat map of visit conflicts related to clients. A **Client Conflict** is defined as overlapping services for the same client, determined by comparing visit start and end times. By default, the report displays data for the current month.

The report highlights potential issues with service delivery and may indicate possible fraud when services appear to overlap in a way that would not reasonably allow them to be provided

simultaneously. However, some overlaps may be valid, such as when service ratios require multiple caregivers to address a client at the same time.

Users can hover over any day in the calendar to view the number of conflicts identified for that date. The heat map uses color intensity to visually represent the volume of conflicts, making it easier to identify spikes, trends, and patterns over time.

This report contains two pages: **Client Visits Conflicts** and **Day Details**.

On the **Client Visits Conflicts** page, users can right-click on a specific day within the calendar to drill through to the **Day Details** report, which displays all visits that occurred on that day of the week for the selected month (e.g., all Mondays in October).

Users may also drill through on an individual date to view detailed visit information for that specific day.

Users may filter by month, year, and client Medicaid ID by using the Filter Pane:

The Filter Pane is a modal window with a title bar that says "Filter Pane" and a "Close" button in the top right corner. It contains three dropdown menus: "Month" set to "September", "Year" set to "2025", and "Client Medicaid ID" set to "All".

Filters used to refine, restrict, or control the data displayed on **Day Details** page:

The Filters section is titled "Filters" with a right-pointing arrow. Below the title is a search bar with a magnifying glass icon and the text "Search". Underneath is a section titled "Filters on this page" with an ellipsis icon. There are three filter cards, each with a dropdown arrow and a trash icon. The first card is "Client Medicaid ID is (All)", the second is "Service is (All)", and the third is "Provider Medicaid ID is (All)".

#### 4.12. Employee Visit Conflicts

This report shows a heat map of conflicts for visits pertaining to an employee for 6 months. Employee Conflict is defined as overlapping services by the same employee. The report by default will show the

current month's data. Overlapping visits for a day, by an employee, are identified using visit start and end time.

The calendar shows the number of conflicts involving caregivers for the current calendar year. The density of the color is used to indicate the volume of caregiver conflicts on any given day. The heatmap uses the darkest shade of red to highlight the days with the largest number of conflicts, while the lightest shade of orange indicates days with the lowest number of conflicts. This will be helpful in determining trends and patterns. This report can be used to identify issues with caregivers. Some of the issues include the same caregiver employed by multiple providers and a caregiver who is providing overlapping services within the same agency. Excluding group visits where the worker could legitimately provide services for multiple clients within a single provider at the same time.

This report contains two pages: **Client Visits Conflicts** and **Day Details**.

On the **Employee Visits Conflicts** page, users can right-click on a specific day within the calendar to drill through to the **Day Details** report, which displays all visits that occurred on that day of the week for the selected month (e.g., all Mondays in October).

Users may also drill through on an individual date to view detailed visit information for that specific day.

Users may filter by month, year, and Employee Full Name by using the Filter Pane:

**Filter Pane** Close

Month:  Year:  Employee Full Name:

Filters used to refine, restrict, or control the data displayed on **Day Details** page:

**Filters**

Search

Filters on this page

- Employee Name is (All)
- Service is (All)
- Provider Medicaid ID is (All)

### 4.13. Daily Visits Over X Hours

The report focuses on two key metrics: the visit date and the total billed hours per employee. It aggregates all visits completed by each employee, regardless of whether the total hours come from a single visit, multiple visits with the same provider, or visits across different providers. The “Visit” column reflects the number of visits contributing to the total billed hours. The summary figure displayed below the report title indicates the number of employees who worked 8 or more hours. By default, the report highlights employees with eight or more billed hours. However, this threshold can be adjusted to any value above 8 using the Bill-Hours filter.

This report contains two pages: **Daily Visits over X Hours** and **Visit Details**.

On the **Daily Visits Over X Hours** page, users can right-click on a specific row within the report to drill through to the **Visit Details** page for that specific employee SSN and day.

Filters used to refine, restrict, or control the data displayed on **Daily Visits Over X Hours** page:

Filters

Search

Filters on this page

- Bill Hours is (All)
- Visit Start Date is (All)
- Visit Key is (All)
- Visit Status is (All)
- EVV Vendor is (All)
- Provider Medicaid ID is (All)
- Provider Name is (All)
- Client Medicaid ID is (All)
- Employee Identifier is (All)
- Payer ID is (All)

Filters used to refine, restrict, or control the data displayed on **Visit Details** page:

☰ Filters >

🔍 Search

Filters on this page ...

Visit Key is (All)	▼	🔗
Visit Status is (All)	▼	🔗
EVV Vendor is (All)	▼	🔗
Provider Medicaid ID is (All)	▼	🔗
Provider Name is (All)	▼	🔗
Client Medicaid ID is (All)	▼	🔗
Employee Identifier is (All)	▼	🔗
Payer ID is (All)	▼	🔗
Procedure Code is (All)	▼	🔗
Contingency Plan is (All)	▼	🔗
Reschedule is (All)	▼	🔗

#### 4.14. Weekly Visit Over XX Hours- Previous Week

This report highlights two primary metrics: the visit week and the total billed hours per employee. By default, it identifies employees with total billed hours greater than or equal to 40. This threshold is pre-defined but can be adjusted to any value above 40 by applying a filter on Total Bill Hours.

In addition to billed hours, the report displays the number of visits completed by each employee and the number of clients associated with those visits. The report defaults on data from the previous week, but users can modify the timeframe by applying a date filter to view earlier weeks.

This report contains two pages: **Weekly Visits Over XX Hours-Previous Week** and **Visit Details**.

On the **Weekly Visits Over XX Hours- Previous Week** page, users can right-click on a specific row within the report to drill through to the **Visit Details** page for that specific employee SSN and day.

Filters used to refine, restrict, or control the data displayed on **Weekly Visits Over XX Hours-Previous Week** page:

☰ Filters >

🔍 Search

Filters on this page ...

- Bill Hours  
is (All)
- Visit Key  
is (All)
- Visit Status  
is (All)
- EVV Vendor  
is (All)
- Provider Medicaid ID  
is (All)
- Provider Name  
is (All)
- Client Medicaid ID  
is (All)
- Employee Identifier  
is (All)
- Payer ID  
is (All)

Filters used to refine, restrict, or control the data displayed on **Visit Details** page:

☰ Filters >

🔍 Search

Filters on this page ...

- Visit Key  
is (All)
- Visit Status  
is (All)
- EVV Vendor  
is (All)
- Provider Medicaid ID  
is (All)
- Provider Name  
is (All)
- Client Medicaid ID  
is (All)
- Employee Identifier  
is (All)
- Payer ID  
is (All)
- Procedure Code  
is (All)
- Contingency Plan  
is (All)
- Reschedule  
is (All)

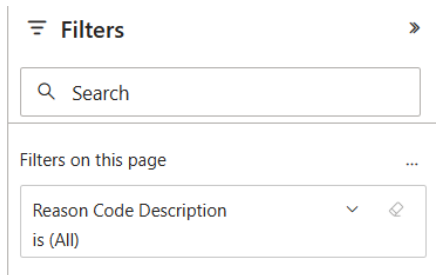
#### 4.15. Reason Code Utilization by Visit Start Date

This donut chart report displays the distribution of reason codes used over the past 31 days, providing a quick view of how providers apply reason codes when making updates or changes to visits. The legend on the left side of the chart lists all reason codes, while the total number of visits containing reason codes is shown beneath the report title.

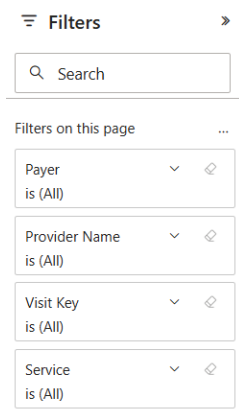
This report contains two pages: **Reason Code Utilization by Visit Start Date** and **Reason Code Details**.

Selecting a reason code from the legend on the left will update the report to display the total number of visits associated with that specific reason code in the top-left of report. On the **Reason Code Utilization by Visit Start Date** page, users should go to filters and select the reason code description, once selected the user can right click within the report to drill through to the **Reason Code Details** page to show visit details for reason code chosen.

Filters used to refine, restrict, or control the data displayed on **Reason Code Utilization by Visit Start Date** page:



Filters used to refine, restrict, or control the data displayed on **Reason Code Details** page:



#### 4.16. Group Visits Summary

This report displays a bar for each week within the past 31 days during which group visits occurred. Each bar is segmented into color-coded sections, with each section representing a different provider. A group visit is defined as a single employee delivering services to multiple clients at the same time, where the service is configured to allow group visits. The summary figure beneath the report title shows the total number of unique visits within the reporting period. Hovering over any section of a bar reveals the corresponding provider, visit week, and the number of visits.

This report contains two pages: **Group Visits Summary** and **Visit Details**.

On the **Group Visits Summary** page, users can right-click on a specific bar within the report to drill through to the **Visit Details** page for that specific week.

Filters used to refine, restrict, or control the data displayed on **Visit Details** page:

The screenshot shows a 'Filters' panel with a search bar and four filter items. Each filter item consists of a label, a dropdown arrow, and a reset icon. The filter items are: 'Group Code' with a value of 'is (All)', 'Visit Start Date' with a value of 'is (All)', 'Employee Name' with a value of 'is (All)', and 'Payer' with a value of 'is (All)'. The panel is titled 'Filters' and has a search bar with the placeholder text 'Search'.

#### 4.17. Billable Activity by Provider

The chart displays a bar for each service, with the height of each bar representing the number of visits in a *Verified* state over the past 31 days. Each bar is divided into color-coded sections, which represent the different visit start dates within the reporting period.

This report contains two pages: **Billable Activity by Provider** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Billable Activity by Provider** and **Visit Details** page:

☰ Filters >

🔍 Search

Filters on this page ...

Visit Start Date is (All)	▼ ⌵
Visit Key is (All)	▼ ⌵
Visit Status is (All)	▼ ⌵
EVV Vendor is (All)	▼ ⌵
Provider Medicaid ID is (All)	▼ ⌵
Provider Name is (All)	▼ ⌵
Client Medicaid ID is (All)	▼ ⌵
Employee Identifier is (All)	▼ ⌵
Payer ID is (All)	▼ ⌵
Procedure Code is (All)	▼ ⌵
Contingency Plan is (All)	▼ ⌵
Reschedule is (All)	▼ ⌵

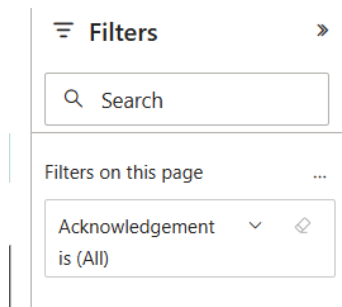
On the **Billable Activity by Provider** page, users can drill down into visit details by first applying filters to refine the data displayed in the chart. Once the data is narrowed, users can right-click on a corresponding bar and select the drill-through option to navigate to the Visit Details page, which will reflect the selected filters.

#### 4.18. Current Visit Exceptions Donut Chart

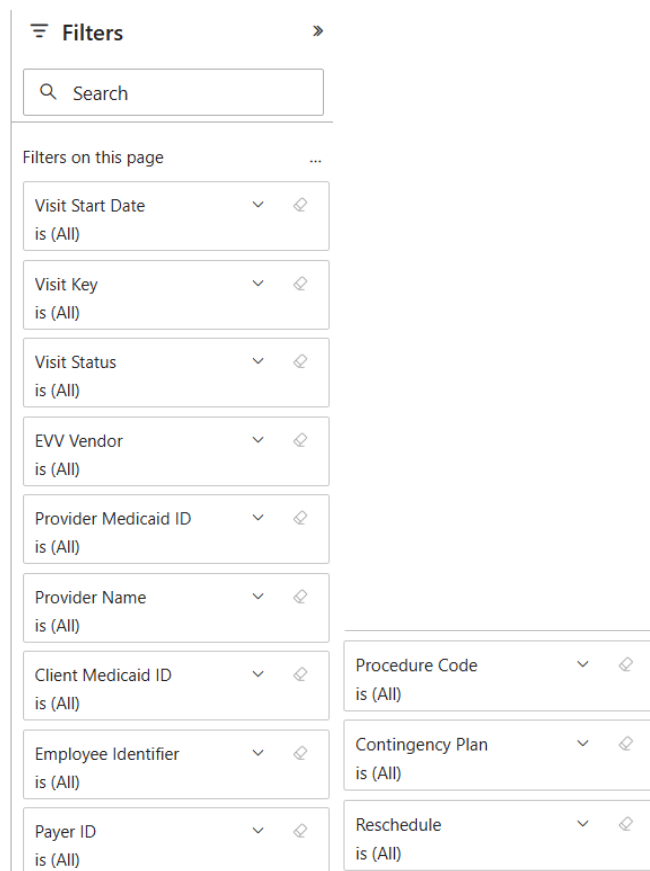
This report displays the current visit exceptions for the last 31 days. It documents situations where a planned or expected patient visit is not occurring, and the reasons (the exception) for that non-occurrence.

This report contains two pages: **Current Visit Exceptions Donut Chart** and **Exception Details**.

Filters used to refine, restrict, or control the data displayed on **Current Visit Exceptions Donut Chart** page:



Filters used to refine, restrict, or control the data displayed on **Exceptions Details** page:



To view visit details for a specific exception, right-click on the corresponding segment in the donut chart and select **Drill Through > Exception Details**.

#### 4.19. Late/Missed Visits by Health Plan

This report displays the total number of late and missed visits by Health Plan (payer). Missed visits are defined as those with Reason Codes 6, 7, 8, or 10, while late visits are identified by Exception Code 18 (Late in Call).

This report contains two pages: **Late/Missed Visits by Health Plan** and **Payer Details**.

Filters used to refine, restrict, or control the data displayed on Late Missed Visits by Health Plan and Payer Details page:

**Filters**

Search

Filters on this page

- Visit Start Date is (All)
- Visit Key is (All)
- Visit Status is (All)
- EVV Vendor is (All)
- Provider Medicaid ID is (All)
- Provider Name is (All)
- Client Medicaid ID is (All)
- Employee Identifier is (All)
- Payer ID is (All)
- Procedure Code is (All)
- Contingency Plan is (All)
- Reschedule is (All)

To drill through to the Payer Details page, right-click on any row to view details for the selected payer. Please note that the Payer Details page will be blank if both the **# of Late Visits** and **# of Missed Visits** columns contain no data.

	34	0.01
	3	0.01
	217	0.00
	118	0.01
	4	0.03
	0	0.00
	0	0.00
	184	0.01

Context menu options:

- Copy
- Share
- Add alert
- Show as a table
- Include
- Exclude
- Drill through** - Payer Details

#### 4.20. Late/Missed Visits by Provider

This report shows the total late and missed visits by providers. Missed Visits are visits with Reason codes 6, 7, 8, 10. Late visits are visits with Exception Code 18 – Late in Call.

This report contains two pages: **Late/Missed Visits by Provider** and **Provider Medicaid ID Details**.

Filters used to refine, restrict, or control the data displayed on Late/Missed Visits by Provider and Provider Medicaid ID Details page:

**Filters**

Search

Filters on this page

- Provider Medicaid ID is (All)
- Provider Name is (All)
- Visit Key is (All)
- Visit Start Date is (All)
- Visit Status is (All)
- EVV Vendor is (All)
- Client Medicaid ID is (All)
- Procedure Code is (All)
- Employee Identifier is (All)
- Contingency Plan is (All)
- Payer ID is (All)
- Reschedule is (All)

To drill through to the Provider Medicaid ID Details page, right-click on any row to view details for the selected payer. Please note that the Provider Medicaid ID Details page will be blank if both the **# of Late Visits** and **# of Missed Visits** columns contain no data.

Copy	>	0	0.00000%
Share	>	0	0.00000%
Add alert		0	0.00000%
Show as a table		0	0.00000%
Include		0	0.00000%
Exclude		22	0.01111%
Drill through	>	Provider Medicaid ID Details	

#### 4.21. AZ Contingency Plan

This report shows the number of missed and late visits for the current week. A visit is Missed or Late if it has exceptions 18 – Late in Call or 21 – No Show posted on the visit.

This report contains two pages: **AZ Contingency Plan** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on Late/Missed Visits by Provider page:

**Filters** >

Filters on this page ...

Payer

is (All)

Filters used to refine, restrict, or control the data displayed on Provider Medicaid ID Details page:

**Filters** >

Filters on this page ...

Payer

is (All)

Re-Schedule Indicator

is (All)

#### Logic to Derive Documentation Compliance Met Indicator

For visits with a **Late in Call** and/or **No-Show** exception, evaluate whether the provider has taken the necessary actions to resolve the exception(s) based on the rules outlined in the table below.

If all applicable conditions are met, set the **Documentation Compliance Met** indicator to **“Yes.”**  
Otherwise, set it to **“No.”**

Sample Scenarios:

Sample Scenarios	Exception Code-Desc	Conditions		
		Reason Code-Desc	Resolution Code-Desc	Memo
DCW forgets to clocks until after starting work.  DCW arrives 60 minutes or later after the scheduled start time because they had a flat tire	18-Late In Call	1-Caregiver Error	N/A	Memo Required
DCW arrives 60 minutes or later after the scheduled start time because the family called and asked them to come later Late.	18-Late In Call	13- Member Preference	N/A	N/A
DCW arrives and due to the environment in the home it is unable to provide services that day. Environmental safety concern is anticipated to NOT be immediately solvable.	21-No Show	6- Unsafe Environment	8 - Contacted Case Manager and/or Reconvened Treatment/ Training Team	Memo Required
DCW arrives and is unable to provide services due to an environmental condition that uniquely impacts DCW. For example, DCW has asthma and a family member is visiting the	21-No Show	6-Unsafe Environment	One of the below resolutions present in the visit data - 2-Reschedule within 2 hours. 3-Reschedule within 24 hours	N/A

member and smoking inside of the house.			4-Reschedule within 48 hours 5-Next Scheduled Visit	
6 DCW arrives, but Member sends them home	21-No Show	7-Member Refused Service	N/A	N/A
DCW cancels and the agency.  cannot/can provide a relief caregiver to meet the member's contingency plan	21-No Show	10-Caregiver No Show	One of the below resolutions present in the visit data –  2-Reschedule within 2 hours 3-Reschedule within 24 hours 4-Reschedule within 48 hours 5-Next Scheduled Visit	N/A
DCW and member decide to cancel service delivery for the day, but do not tell the agency	21-No Show	13-Member Preference	N/A	N/A
Caregiver uses a timesheet and the FOB device is broken	21-No Show	9-Other	TSF-Timesheet with Signature on File	Memo Required
DCW arrives and member is not at home	21-No Show	13-Member No Show	N/A	N/A

#### 4.22. AZ % of Missed/Late Visits Per Day

This report displays the daily percentage of missed and late visits over the past 31 days. Missed visits are defined as those with reason codes **Member No Show** and **Caregiver No Show**, while late visits are identified by Exception Code 18 (**Late in Call**).

This report contains one page: **AZ% of Missed/Late Visits Per Day**.

Filters used to refine, restrict, or control the data displayed on AZ% of Missed/Late Visits Per Day page:

☰ Filters >

🔍 Search

---

Filters on this page ...

Visit Date    ▾    ✕  
is (All)

#### 4.23. Provider ID Cross Reference

This report displays a cross-reference of providers, including their status, associated payers, Medicaid IDs, NPIs, taxonomy codes, and EVV vendor names, along with the total number of providers.

This report contains one page: **Provider ID Cross Reference**.

Filters used to refine, restrict, or control the data displayed on Provider ID Cross Reference page:

☰ Filters >

🔍 Search

---

Filters on this page ...

Payer    ▾    ✕  
is (All)

Provider Medicaid ID    ▾    ✕  
is (All)

Provider Status    ▾    ✕  
is (All)

#### 4.24. Claim Analysis

This report provides an analysis of claims, displaying key details such as provider information, client IDs, billed units, service dates, and error indicators, along with the total number of claims. It helps identify why insurance claims, specifically those related to patient visits, are failing validation and displays data for the past 31 days.

This report contains one page: **Claim Analysis**.

Filters used to refine, restrict, or control the data displayed on Claim Analysis page:

The screenshot shows a filter panel with the following elements:

- A header "Filters" with a menu icon and a right-pointing arrow.
- A search input field with a magnifying glass icon and the text "Search".
- A section titled "Filters on this page" with a right-pointing arrow.
- Three filter items, each with a dropdown arrow and a clear icon:
  - Payer ID is (All)
  - Provider ID is (All)
  - Client Medicaid ID is (All)

#### 4.25. Providers with 20-0% visits with the Unscheduled Visit Exception

This report shows all providers with 20% or fewer of their visits classified as unscheduled over the past 31 days. A visit is considered unscheduled when it has an “**Unscheduled**” exception and does not include scheduled start and end dates in the visit data.

This report contains two pages: **Providers with 20-0% Visits with the Unscheduled Visit Exception** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Providers with 20-0% Visits with the Unscheduled Visit Exception** and **Visit Details** page:

☰ Filters >

🔍 Search

Filters on this page ...

Visit Start Date is (All)	▼	🗑️
Visit Key is (All)	▼	🗑️
Visit Status is (All)	▼	🗑️
EVV Vendor is (All)	▼	🗑️
Provider Medicaid ID is (All)	▼	🗑️
Provider Name is (All)	▼	🗑️
Client Medicaid ID is (All)	▼	🗑️
Employee Identifier is (All)	▼	🗑️
Payer ID is (All)	▼	🗑️
Procedure Code is (All)	▼	🗑️
Contingency Plan is (All)	▼	🗑️
Reschedule is (All)	▼	🗑️

To **drill through** to the Visit Details page, right-click on any row to view details for the selected payer and provider name. Please note that the Visit Details page will be blank if column 'Unscheduled Exception Count' is zero.

#### 4.26. Providers with 80-100% visits with the Unscheduled Visit Exception

This report shows all providers with 20% or fewer of their visits classified as unscheduled over the past 31 days. A visit is considered unscheduled when it has an **“Unscheduled”** exception and does not include scheduled start and end dates in the visit data.

This report contains two pages: **Providers with 20-0% Visits with the Unscheduled Visit Exception** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Providers with 80-100% Visits with the Unscheduled Visit Exception** and **Visit Details** page:

☰ Filters >

🔍 Search

Filters on this page ...

Visit Start Date is (All)	▼	🔗
Visit Key is (All)	▼	🔗
Visit Status is (All)	▼	🔗
EVV Vendor is (All)	▼	🔗
Provider Medicaid ID is (All)	▼	🔗
Provider Name is (All)	▼	🔗
Client Medicaid ID is (All)	▼	🔗
Employee Identifier is (All)	▼	🔗
Payer ID is (All)	▼	🔗
Procedure Code is (All)	▼	🔗
Contingency Plan is (All)	▼	🔗
Reschedule is (All)	▼	🔗

To **drill through** to the Visit Details page, right-click on any row to view details for the selected payer and provider name. Please note that the Visit Details page will be blank if column 'Unscheduled Exception Count' is zero.

#### 4.27. Providers with 100% Auto Visits

This report shows all providers with 100% auto-verified visits over the past 31 days.

Auto-verified visits are defined as those in **Verified** or **Processed** status that meet all of the following conditions:

- No adjusted times
- No exceptions with IDs 3, 4, 23, or 34
- If a Call in Time exists, the Call in Type is not **Manual**.
- If a Call Out Time exists, the Call Out Type is not **Manual**.

This report contains two pages: **Providers with 100% Auto Visits** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Providers with 100% Auto Visits** and **Visit Details** page:

☰ **Filters** »

Filters on this page ...

Visit Start Date is (All)	▼	🔗
Visit Key is (All)	▼	🔗
Visit Status is (All)	▼	🔗
EVV Vendor is (All)	▼	🔗
Provider Medicaid ID is (All)	▼	🔗
Provider Name is (All)	▼	🔗
Client Medicaid ID is (All)	▼	🔗
Employee Identifier is (All)	▼	🔗
Payer ID is (All)	▼	🔗
Procedure Code is (All)	▼	🔗
Contingency Plan is (All)	▼	🔗
Reschedule is (All)	▼	🔗

To **drill through** to the Visit Details page, right-click on any row on the Providers with 100% Auto Visits page to view details for the selected payer and provider name for row chosen.

#### 4.28. Providers with 100% Manual Visits

This report shows all providers with 100% manually verified visits over the past 31 days.

Manually verified visits are defined as those in **Verified** or **Processed** status where any of the following conditions are met:

- Adjusted times are present on the visit.
- Exceptions with IDs 3, 4, 23, or 34 are associated with the visit.
- If a Call in Time exists, the Call in Type is **Manual**
- If a Call Out Time exists, the Call Out Type is **Manual**

This report contains two pages: **Providers with 100% Manual Visits** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Providers with 100% Manual Visits** and **Visit Details** page:

**Filters**

Search

Filters on this page

Visit Start Date is (All)	
Visit Key is (All)	
Visit Status is (All)	
EVV Vendor is (All)	
Provider Medicaid ID is (All)	
Provider Name is (All)	
Client Medicaid ID is (All)	Procedure Code is (All)
Employee Identifier is (All)	Contingency Plan is (All)
Payer ID is (All)	Reschedule is (All)

To drill through to the Visit Details page, right-click on any row in the **Providers with 100% Manual Visits** report to view details for the selected payer and provider associated with that row.

#### 4.29. DCW Employee with Active Visits

This report displays all DCWs with active visits, including those in **Incomplete**, **Verified**, and **Processed** statuses. It defaults to the current calendar year, and any employee visit occurring within this period is considered an active visit.

This report contains two pages: **DCW Employee with Active Visits** and **Employee Details**.

Filters used to refine, restrict, or control the data displayed on **DCW Employee with Active Visits** and **Employee Details** page:

**Filters** »

Search

Filters on this page ...

- Employee Full Name is (All)
- Payer ID is (All)
- Provider Medicaid ID is (All)
- Provider Name is (All)

To drill through to the Employee Details page, right-click on any row in the **DCW Employee with Active Visits** report to view details for the selected Employee and provider associated with that row.

#### 4.30. DCW with Multiple Agencies with Active Visits

This report shows all DCWs with active visits to more than one agency. The report is defaulting to the current calendar year.

This report contains two pages: **DCW with Multiple Agencies with Active Visits** and **Employee Details**.

Filters used to refine, restrict, or control the data displayed on **DCW with Multiple Agencies with Active Visits** and **Employee Details** page:

Filters

Search

Filters on this page

Employee Full Name  
is (All)

Employee SSN  
is (All)

Payer  
is (All)

Provider Medicaid ID  
is (All)

Provider Name  
is (All)

To **drill through** to the Employee Details page, right-click on any row in the **DCW with Multiple Agencies with Active Visits** report to view details for the selected Employee and provider associated with that row.

#### 4.31. DCW w/Daily Limits over 16 hours

This report displays DCWs whose total billed hours exceed 16 hours in a single day, calculated by summing all visits for that day. It defaults to the previous day but can be adjusted to any available date within the past year using the Visit Start Date filter.

This report contains two pages: **DCW w/Daily Limits Over 16 Hours** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **DCW w/Daily Limits Over 16 Hours** and **Visit Details** page:

**Filters** »

Search

Filters on this page ...

- Visit Key is (All)
- Visit Status is (All)
- EVV Vendor is (All)
- Provider Medicaid ID is (All)
- Provider Name is (All)
- Client Medicaid ID is (All)
- Employee Identifier is (All)
- Payer ID is (All)
- Procedure Code is (All)

Filters on all pages ...

- Contingency Plan is (All)
- Reschedule is (All)
- Visit Start Date** 3/23/2026 - 3/23/2026

To **drill through** to the Visit Details page, right-click on any row in the **DCW w/Daily Limits Over 16 Hours** report to view details for the selected employee and visit start date associated with that row.

#### 4.32. DCW w/Weekly Limits over 40 hours

This report displays DCWs whose total billed hours exceed 40 hours in a week, calculated by summing all visits for that week. It defaults to the previous week but can be adjusted to any available date within the past year using the Visit Start Date filter.

This report contains two pages: **DCW w/Weekly Limits Over 40 Hours** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **DCW w/Weekly Limits Over 40 Hours** and **Visit Details** page:

**Filters** »

Search

Filters on this page ...

- Visit Key is (All)
- Visit Status is (All)
- EVV Vendor is (All)
- Provider Medicaid ID is (All)
- Provider Name is (All)
- Client Medicaid ID is (All)
- Employee Identifier is (All)
- Payer ID is (All)
- Procedure Code is (All)

Contingency Plan is (All)

Reschedule is (All)

Filters on all pages ...

**Visit Start Date** 3/23/2026 - 3/23/2026

To **drill through** to the Visit Details page, right-click on any row in the **DCW w/Weekly Limits Over 40 Hours** report to view details for the selected employee and visit start date associated with that row.

#### 4.33. Average Percent of Auto Verified Visits

This report shows the average percentage of auto-verified visits over the past 31 days. Auto-verified visits are defined as those in **Verified** or **Processed** status that meet all of the following conditions:

- No adjusted times
- No exceptions with IDs 3, 4, 23, or 34
- If a Call in Time exists, the Call in Type is not **Manual**.
- If a Call Out Time exists, the Call Out Type is not **Manual**.

This report contains two pages: **Average Percent of Auto Verified Visits** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Visit Details** page:

Filters

Search

Filters on this page

Visit Start Date is (All)

Visit Key is (All)

Visit Status is (All)

EVV Vendor is (All)

Provider Medicaid ID is (All)

Provider Name is (All)

Client Medicaid ID is (All)

Employee Identifier is (All)

Payer ID is (All)

Procedure Code is (All)

Contingency Plan is (All)

Reschedule is (All)

To **drill through** to the Visit Details page, right-click on percentage in the **Average Percent of Auto Verified Visits** page to view details for all Auto Verified Visits.

**74.25%**

Copy

Share

Add alert

Drill through

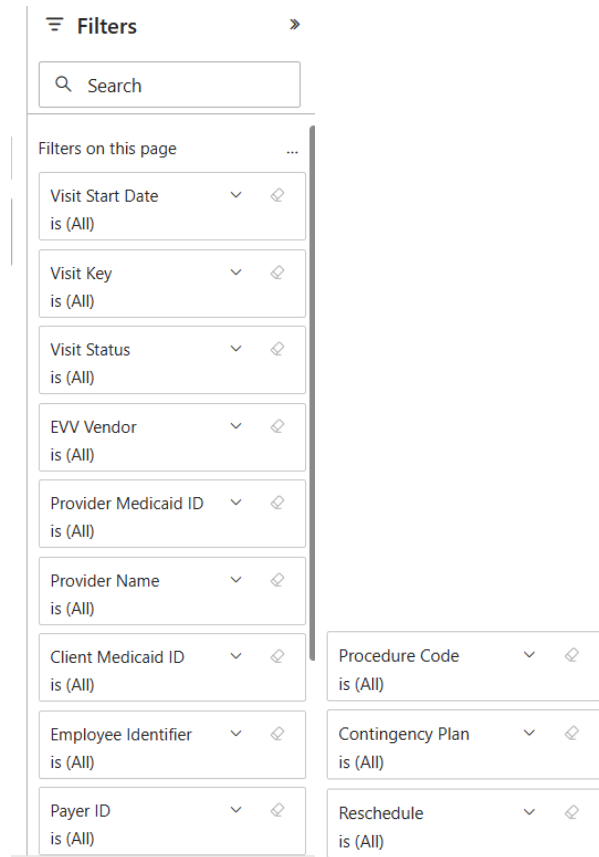
Visit Details

#### 4.34. Client Visit Overview

This report provides a client visit overview, displaying provider details along with total billed hours, number of visits, and average billed hours per visit, categorized by service description.

This report contains two pages: **Client Visit Overview** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Client Visit Overview** and **Visit Details** page:



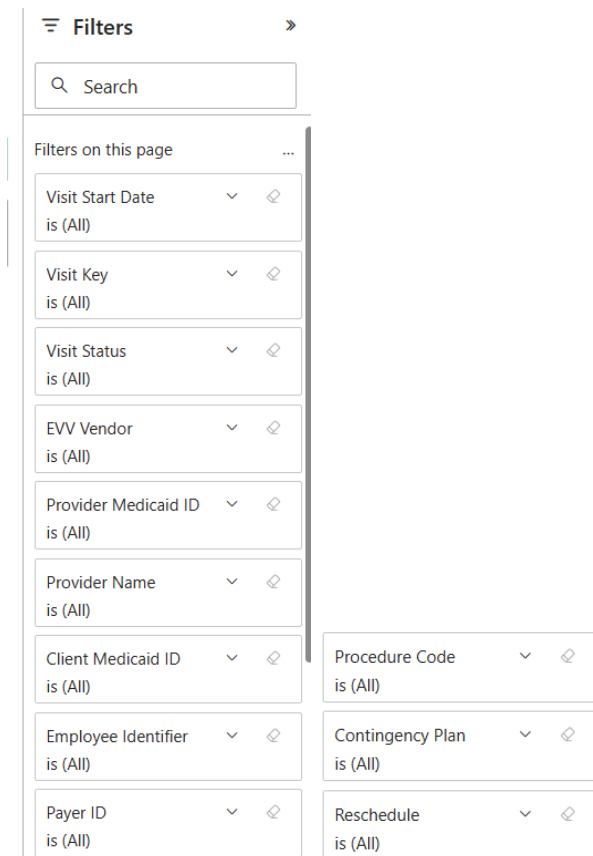
To **drill through** to the Visit Details page, right-click on any row in the **Client Visit Overview** report to view detailed information for the visits associated with the selected client.

#### 4.35. Provider Visit Overview

This report provides a provider visit overview, displaying provider details along with total billed hours, number of visits, and average billed hours per visit, categorized by service description.

This report contains two pages: **Provider Visit Overview** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Provider Visit Overview** and **Visit Details** page:



To **drill through** to the Visit Details page, right-click on any row in the **Provider Visit Overview** report to view detailed information for the visits associated with the selected provider.

#### 4.36. Provider Visit Duration vs Bill Hours

This report compares provider visit duration to billed hours, displaying visit details such as date, provider, client, total billed hours, and visit duration in minutes, along with payer and vendor information.

This report contains two pages: **Provider Visit Duration vs Bill Hours** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Provider Visit Duration vs Bill Hours** and **Visit Details** page:

☰ Filters >

🔍 Search

Filters on this page ...

Visit Start Date is (All)	▼	🔗
Visit Key is (All)	▼	🔗
Visit Status is (All)	▼	🔗
EVV Vendor is (All)	▼	🔗
Provider Medicaid ID is (All)	▼	🔗
Provider Name is (All)	▼	🔗
Client Medicaid ID is (All)	▼	🔗
Employee Identifier is (All)	▼	🔗
Payer ID is (All)	▼	🔗
Procedure Code is (All)	▼	🔗
Contingency Plan is (All)	▼	🔗
Reschedule is (All)	▼	🔗

To **drill through** to the Visit Details page, right-click on any row in the **Provider Visit Duration vs Bill Hours** report to view detailed information for the visits associated with the selected provider and client.

#### 4.37. Average number of Providers with Missed/Late Visits

This report shows the average number of providers with missed or late visits over the past 31 days. Missed visits are defined as those with Reason Code 10 (**Caregiver No Show**), while late visits are identified by Exception Code 18 (**Late in Call**). The average is calculated by dividing the total number of providers with missed or late visits by 31 days.

This report contains two pages: **Average Number of Providers with Missed/Late Visits** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Visit Details** page:

☰ Filters >

🔍 Search

Filters on this page ...

Visit Start Date is (All)	▼ 🔗
Visit Key is (All)	▼ 🔗
Visit Status is (All)	▼ 🔗
EVV Vendor is (All)	▼ 🔗
Provider Medicaid ID is (All)	▼ 🔗
Provider Name is (All)	▼ 🔗
Client Medicaid ID is (All)	▼ 🔗
Employee Identifier is (All)	▼ 🔗
Payer ID is (All)	▼ 🔗
Procedure Code is (All)	▼ 🔗
Contingency Plan is (All)	▼ 🔗
Reschedule is (All)	▼ 🔗

To **drill through** to the Visit Details page, right-click on percentage in the **Average Number of Provider with Missed/Late Visits** page to view details for all providers with missed/late visits.

#### 4.38. Late/Missed Visits by Client

This report displays late and missed visits by clients. Missed visits are defined as those with Reason Code 8 (**Member No Show**), while late visits are identified by Exception Code 18 (**Late in Call**).

This report contains two pages: **Late/Missed Visits by Client** and **Visit Details**.

Filters used to refine, restrict, or control the data displayed on **Visit Details** page:

☰ Filters >

🔍 Search

Filters on this page ...

Visit Start Date is (All)	▼	🗑️
Visit Key is (All)	▼	🗑️
Visit Status is (All)	▼	🗑️
EVV Vendor is (All)	▼	🗑️
Provider Medicaid ID is (All)	▼	🗑️
Provider Name is (All)	▼	🗑️
Client Medicaid ID is (All)	▼	🗑️
Procedure Code is (All)	▼	🗑️
Employee Identifier is (All)	▼	🗑️
Contingency Plan is (All)	▼	🗑️
Payer ID is (All)	▼	🗑️
Reschedule is (All)	▼	🗑️

To **drill through** to the Visit Details page, right-click on row in the Late/Missed Visits by Clients page to view details for all clients with missed/late visits.

## 5. Helpdesk Ticket

All inquiries and questions should NOW be directed to the [EVV ServiceNow Help Desk](#).

Please refer to the [Help Desk User Manual](#) for instructions on how to access, submit and monitor support tickets. All policy and technical support inquiries and questions should be directed at the new helpdesk to streamline the response process.