

The Oregon EVV Transition

A plain-English map of what home care agencies should expect as Oregon moves Medicaid in-home care onto its new statewide Electronic Visit Verification system, run by Acumen with software from Direct Care Innovations (DCI).

Nobody got into home care because they love visit verification. But EVV is a federal mandate, Oregon is now putting real weight behind it, and the way you handle the next several months decides whether you have an easy year or a stressful one. Here is the arc we have watched play out state after state, and how to stay ahead of it.

1

WHAT'S CHANGING

A new state EVV aggregator: Acumen and DCI

If you bill Oregon Medicaid for personal care or in-home services, your visits now need to flow into the state's new aggregator. EVV itself is not new, but Oregon's DCI connection works differently from Sandata, HHAExchange, and Tellus, so a tested integration matters more here than usual.

2

PHASE 1

Get connected, on time, and stay off the radar

At first the state's only goal is to get every agency connected and sending visits. You do not have to be perfect, you have to be on board. The agencies that struggle are the ones tied to a distant vendor they have never spoken with. This is the cheapest moment to confirm your setup is truly ready.

3

PHASE 2

The state starts watching your numbers

Once you are connected, the state looks at what is actually coming through. It notices when volumes do not add up, and the letters get specific: a caregiver clocked into two visits at once, or into another agency at the same time. Aim to get 75 to 85 percent of visits flowing cleanly while you bring your stragglers along.

4

BEYOND THE SOFTWARE

Having a vendor is not the same as being covered

EVV puts real responsibility on the agency. You have to review error visits, confirm locations, and resubmit. The best prevention is blocking clock-in and clock-out away from the right location, while still handling real exceptions, like a client who splits time between two homes or is picked up at an adult day center. Good software makes this fast: Ankota uses AI to flag exactly which visits need a look and why.

5

WHERE IT ENDS

A verified visit becomes the condition for payment

Every EVV mandate ends here. In Missouri, as of April 1, 2026, the state only pays for visits that went through the aggregator and were approved, and non-compliant claims are denied. Oregon is on the same road: connect, then monitored, then no verified visit, no payment. The agencies that take the early phases seriously rarely feel the last one.

What to do now

- ✓ Get connected to Acumen / DCI and test it early, while the stakes are low.
- ✓ Choose a vendor that has already completed Oregon's integration and answers the phone.
- ✓ Confirm your system can enforce correct clock-in locations and still handle real exceptions.
- ✓ Identify your straggler caregivers now, before a low percentage becomes a state letter.
- ✓ Put a simple weekly visit-review habit in place before Oregon ever asks for one.

Integration complete

Ankota is among a small number of third-party EVV vendors to finish Oregon's Acumen / DCI integration.

Already live in Portland

Two agencies are running on the new system today, one in Beaverton and one in Gresham.

Done this before

We have guided agencies through every phase of this transition across multiple states.

Want a direct partner for this transition, not a distant vendor?

We will walk your specific situation, on your timeline, not the state's. It is a working session, not a sales pitch.

[Book a 15-minute working session →](#)

This guide is general information for Oregon home care agencies and is not legal or billing advice. State EVV requirements and dates can change; confirm specifics with Oregon Health Authority and your EVV vendor.