

## Questions and Answers from EVV Webinar Held Aug. 25, 2021

### Managed Care/Provider Health Plans

**Q. Where can we get a list of all of our beneficiaries that shows the PHP they have selected?**

A. Providers can check the managed care enrollment and assigned Pre-paid Health Plan (PHP) for their assigned beneficiaries in the NCTracks Provider Portal in the Benefit Plan field.

**Q. HHA tells us that eventually all beneficiaries will be moving to managed care and that we should consider their paid solution, is that true?**

A. Managed care was launched on July 1, 2021. Medicaid beneficiaries who were required to enroll in managed care were assigned a health plan to manage their needs. For those Medicaid beneficiaries receiving a service subject to EVV, the provider must comply with the EVV requirements. Some Medicaid beneficiaries will be excluded from managed care and will not be enrolled in managed care. Those individuals will continue to receive their services through NC Medicaid Direct. Providers can use the free solutions for each payer type, or providers can choose to consolidate the collection of all their visits for NC Medicaid Direct, PHPs and LME/MCOs by using an EVV vendor that can manage all EVV data.

**Q. How will providers receive new assessments on beneficiaries enrolled in managed care?**

A. Beneficiaries who are enrolled in a Managed Care Organizations (MCOs) will be assessed directly by their assigned health plan. If the beneficiary is not contacted for a reassessment or if personal care services are discontinued, they can contact the plan(s) directly. For contact information, visit the [NC Medicaid EVV webpage](#).

**Q. Do Providers now have until Oct. 1, 2021, to be fully EVV-integrated?**

A. The soft launch for the PHPs was extended through Sept. 30, 2021. The soft launch for LME/MCOs ends on Aug. 31, 2021. Full EVV compliance for providers providing person care services through Medicaid Direct was June 1, 2021.

### Capturing Visits

**Q. Clocking in and out are to be done in real time. Does this apply to the manual edits as well, or can they be done later? Is there a certain percentage of manual visit edits that we are allowed to have?**

A. The manual edits are designed to correct errors in a visit. Edits are normally done after the start or completion of a visit. There is not an identifiable percentage of allowable manual visit edits.

**Q. Can you provide information we can give our staff regarding the mobile app? What about staff who don't have EVV capture apps on their phones?**

A. Information about the use of a mobile app can be found on the NCEVV webpage in the Video Library link under provider meetings and trainings tab. Providers may contact Sandata, HHAExchange or CareBridge to seek additional information about the mobile app. The mobile app is a free downloadable application that can be installed on a smartphone. If a caregiver does not have a smartphone, the provider agency can use an alternative method to capture the required EVV data points. There are two alternative methods, telephony and a fixed verification device. However, the preferred method of EVV visit capture is through the mobile application. Policy guidance on visit capture using telephony can be found in the PCS Clinical Coverage policy 3L and the CAP policies 3K-1 and 3K-2.

**Q. What steps do we take to make sure staff are not going over allotted hours? For example: Number of hours of services allowed weekly is 40; workers clock in 5 minutes before time and clock out 10 minutes after time; but it is real time.**

A. The administrator at the provider agency is able to make manual edits to each visit to ensure the start time and end times correspond with the approved and authorized personal care service subject to EVV.

**Q. What if we have issues clocking out?**

A. If the system is not letting your aides clock out, you should call Sandata at 855-940-4915 or email [NCCustomerCare@Sandata.com](mailto:NCCustomerCare@Sandata.com). For Alternate EVV support, contact 844-289-4246 or email [NCAItEVV@Sandata.com](mailto:NCAItEVV@Sandata.com).

**Q. Sandata does not give us authorization to change the beneficiaries address if they have moved; how do we ensure the correct address is captured during the visit?**

A. A beneficiary's address is updated in the Sandata's system when a change is recorded in the NCTracks portal. If the address is not correct, advise the beneficiary to request a change of address with their local Department of Social Services in the county where the beneficiary resides, or with the county that provides administrative support for their county. This county information can be found in NCTracks.

Additionally, an incorrect address or telephone number will not prevent visits entered in the Sandata system from moving to a verified status in the Sandata portal. All verified visits will be transmitted to NCTracks for EVV validation to assist with claims adjudication. Address/GPS and telephone numbers are not data fields that are received or validated at the time of claims adjudication. NC Medicaid will review GPS data as a compliance review through a post-payment audit to ensure services are conducted at the authorized location(s).

**Q. What steps should a provider take if there are issues with clocking in and out.**

A. For problems with clocking in and out, you should call Sandata at 855-940-4915 or email [NCCustomerCare@Sandata.com](mailto:NCCustomerCare@Sandata.com). For Alternate EVV support, call 844-289-4246 or email [NCAItEVV@Sandata.com](mailto:NCAItEVV@Sandata.com).

**Q. Will the personal care claim deny if the clock-in time is one or more minutes after the scheduled time?**

A. The EVV business rules requires visits to be scheduled. If the visits start after the scheduled time, the agency's administrator may make manual edits to that visit in their EVV solution. Edit 02079 is an edit used to pend a claim line when the units are more than the scheduled duration of the visit. Visits do not pend in the Sandata system.

## Authorizations

**Q. Does a beneficiary need an authorization in the Sandata system to be able to capture the required visit data?**

A. An authorization in the Sandata system is required for a Medicaid beneficiary to ensure the beneficiary is approved to receive the personal care service subject to EVV. One of the 21<sup>st</sup> Century Cure Act requirements for EVV is the person authorized to receive the personal care service. If an authorization is not available in the Sandata system, contact Sandata directly to obtain a ticket number to assist with the resolution of this issue. The contact information for Sandata is 855-940-4915 or email [NCCustomerCare@Sandata.com](mailto:NCCustomerCare@Sandata.com).

**Q. If there is not an authorization in the Sandata system, but VieBridge or Liberty has provided approval to render the personal care service through an approved service or care plan is it okay to start the service and just know that the authorization is on its way?**

A. Yes, the provider can begin the service when an authorization has been provided by VieBridge or Liberty while the EVV authorization is being uploaded in the Sandata system. When the EVV authorization is available, the provider must complete a manual visit to log visits that occurred before the authorization was available in the Sandata system.

### Billing and Claims

**Q. What is the rule for rounding units? In the past, we were to round to the nearest 15 minutes. Sandata wants us to round down even if the clock-out is one minute short of a unit.**

A. The rounding rule is listed below. The total unit of each visit is calculated and rounded according to the description below, which can also be found on the [EVV website](#) under EVV Claim and Resolution. NCTracks is provided the total units that match the rounding rule to assist with the adjudication of the claim.

Specifically:

- 0-7 min = 0 units
- 8 - 22 min = 1 unit
- 23 - 37 min = 2 units
- 38 - 52 min = 3 units
- 53 - 67 min = 4 units
- 68 - 82 min = 5 unit
- 83 - 97 min = 6 units
- 98 - 112 min = 7 units
- Etc.....

**Q. What may cause a claim to pend or deny?**

A. There are many reasons a claim may pend or deny such as:

- The visit is not in a verified state in the Sandata aggregator
- The service code in the claim submittal does not match the service code in the aggregator
- The units in the claim submittal do not match the total units in the aggregator
- The NPI number is not the same NPI number in the Sandata system used to collect the visit information

To mitigate claim pends and denials issues, use the visit history option in the NCTracks provider portal to compare visits against the logged visits in the aggregator before submitting the claims to NCTracks for payment.

**Q. We have one claim line that is not going through and pending the whole claim. NCTracks is telling us that Sandata is not sending the information.**

A. For claim line edits, see [Tips to Troubleshoot EVV-related Billing Issues](#).

**Q. If a claim line does not have EVV, how do we correct that?**

A. Each claim subject to EVV submitted for payment must have visit capture information in the Sandata aggregator. If a claim line does not have the visit capture data, a manual visit must be completed for the

date and time the visit occurred. Ensure the visit is in a verified state upon the completion of the manual edit.

**Q. What does a red dot means in the Sandata system?**

A. A red dot indicates that something is not entered correctly. Please ensure you start a visit before entering the client’s identifying information; use the correct format for the beneficiary’s MID#, with nine numerical numbers and one capitalized letter at the end of the number; enter the right program procedure code. If these tips don’t resolve your issue, contact Sandata directly and request a ticket number to resolve the issue. The contact information for Sandata is 855-940-4915 or email [NCCustomerCare@Sandata.com](mailto:NCCustomerCare@Sandata.com).

**Q. Can providers submit claims subject to EVV to NCTracks for Medicaid beneficiaries enrolled in managed care until Sept. 30, 2021?**

A. No, claims subject to EVV for Medicaid beneficiaries enrolled in managed care must submit claims per the guidance of the LME/MCO or the health plans.

**Q. When were EVV requirements fully mandated for Medicaid beneficiaries receiving their personal care services through fee-for-service?**

A. With an effective date of June 1, 2021, all Medicaid providers authorized to render a personal care service subject to EVV were required to be in full compliance with the 21<sup>st</sup> Century Cures Acts for their claim to pay. A pay and report period was implemented from Jan. 1 - May 31 , 2021 for Personal Care Services (PSC) and CAP/C and CAP/DA providers to acclimate them to this new requirement. During the pay and report period, claims did not pend based on failed EVV validation. If a claim failed EVV validation during the period prior to June 1, 2021, the system generated a report of the EVV validation issue allowing the provider to cure the issue.

**Q. Where can I find the Medicaid billing rates?**

A. All Medicaid rates can be found on the [NC Medicaid Fee Schedules webpage](#).

- [PCS fee schedules](#)
- [CAP fee schedules](#)
- **Innovations:**
  - Alliance: <https://www.alliancehealthplan.org/wp-content/uploads/Medicaid-Rates-FY22.pdf>
  - Cardinal: <https://www.cardinalinnovations.org/Providers>
  - Eastpointe: <https://www.eastpointe.net/provider/contracting-and-payment-for-services/#1469739156812-075662ee-cb17ef44-fc77>
  - Partners: <https://providers.partnersbhm.org/claims-information/>
  - Trillium: <https://www.trilliumhealthresources.org/sites/default/files/docs/Billing-Codes-Rates/Trillium-COVID-19-Rate-Codes-Table-FY-19-22.pdf>
  - Vaya: <https://providers.vayahealth.com/standard-rate-schedule-medicaid-1915c/>

**Community Alternatives Programs (CAP)**

**Q. What are the rules for S5150?**

A. The [CAP/C](#) and [CAP/DA](#) clinical coverage policy outlines the requirements and limitations for S5150. Refer to those policies to identify the rules. The rules have not changed because of EVV.

**Q. How does EVV apply to live-in care givers?**

A. Information on Paid Live-In Caregivers under the Community Alternatives Program (CAP) is available in the May 28, 2021 [Paid Live-In Caregiver EVV Bulletin](#). The Paid Live-In Caregiver Attestation Form is also found in the Bulletin.

**Aggregator**

**Q. Do providers need to purchase an EVV solution?**

A. Providers are not required to purchase an EVV solution. There are three Medicaid payer types, and each type has a free EVV solution providers can use. For providers who render services to beneficiaries under NC Medicaid Direct, Sandata is the free solution to use. For providers rendering services for health plans and LME/MCOs, HHAeXchange is the free solution. Providers rendering services for Healthy Blue must use CareBridge. Providers may choose to purchase a comprehensive EVV solution that consolidates all visits from the three different payer types if they desire to do so.

**Q. Will the EVV solution submit claims for billing once visits are logged and verified?**

A. Claim submittal is not a part of the EVV requirements for NC Medicaid Direct. Providers will need to speak with their assigned health plan to identify how to submit claims for billing.

**Q. Will Sandata send captured EVV to HHAeXchange?**

A. If you are using the provider-paid solution (Santrax Agency Management- SAM), Sandata will send your visits to HHAeXchange. If you are interested in more information regarding SAM, please email [info@sandata.com](mailto:info@sandata.com), call 800-544-7263 x4453 or fill out the form at <https://www.sandata.com/schedule-call>.

**Q. What is the cost of Sandata's paid EVV solution?**

A. If you are interested in more information regarding Santrax Agency Management (SAM), please email [info@sandata.com](mailto:info@sandata.com), or call 800-544-7263 x4453 or fill out the form at <https://www.sandata.com/schedule-call>.

**Contact Information**

**Q. What is the EVV webpage address?**

A. The EVV web address is <https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/electronic-visit-verification>

**Q. What is the EVV email address?**

A. The EVV email address is: [Medicaid.EVV@dhhs.nc.gov](mailto:Medicaid.EVV@dhhs.nc.gov). If your inquiries include personal identifying information (PII), please ensure to use a secured email transmittal format to submit your NPI#, any relevant MID#s, your STX#, and your Sandata or Alt EVV ticket#. If you don't have a ticket#, please call Sandata first to obtain one. You can reach the Sandata Customer Support Team at 855-940-4915 or email [NCCustomerCare@Sandata.com](mailto:NCCustomerCare@Sandata.com); or Sandata Alternate EVV Support at 844-289-4246 or email [NCAItEVV@Sandata.com](mailto:NCAItEVV@Sandata.com).

**Q. What is the telephone number for Sandata?**

A. The Sandata Customer Support Team can be reached at 855-940-4915 or via email at [NCCustomerCare@Sandata.com](mailto:NCCustomerCare@Sandata.com).

### Other Questions

**Q. When will providers rendering personal care services subject to EVV through a health plan be required to capture EVV visits to prevent the claim from denying?**

A. The soft launch period for the health plan ends on September 30, 2021. Beginning on October 1, 2021, all claims submitted for payment must have the required EVV visit data to prevent a claims denial.

**Q. How do we get access to this presentation after the training?**

A. Meeting materials are posted on the [NC Medicaid EVV webpage](#) under Provider Meetings and Trainings.

**Q. What steps should a provider take to link a fixed visit verification (FVV) device to the Sandata Portal?**

A. Contact Sandata Provider support at 855-940-4915.

**Q. Why are units being denied despite being within the original rounding rules?**

A. There is currently an active project investigating the rounding rules and the file provided to NCTracks for number of units.