

Frequently Asked Electronic Visit Verification (EVV) Questions

EVV in Managed Care

Q. What is Electronic Visit Verification (EVV)?

A. EVV uses technology to record the times, dates and specific Personal Care Services (PCS) and Home Health Care Services (HHS) that are given. This process helps ensure that people who should receive services, in fact, receive them.

Q. Where can I find NC Medicaid's requirements for EVV?

A. NC Medicaid's requirements for EVV can be found on the [NC Medicaid EVV webpage](#).

Participants in NC Medicaid EVV Program

Q. Which NC Medicaid beneficiary services are required to participate in EVV?

A: EVV applies to Personal Care Services (PCS) [in-home] provided under the state plan, or 1915(c) waivers, and 1115 Managed Care waiver. EVV is required for State Plan PCS, Community Alternatives Programs for Children and Disabled Adults (CAP/C and CAP/DA), and self-directed personal attendant care services. These services and programs are subject to EVV beginning Jan. 1, 2021.

The Innovations and TBI waiver services, as well as identified (b)(3) services, will be subject to EVV by March 31, 2021.

EVV will be required by the 1115 Managed Care Demonstration waiver (Standard Plans) at NC Medicaid Managed Care go-live on July 1, 2021. Also, please refer to the [EVV Service Code List](#) for more information.

Q. When do Home Health Aide services become subject to EVV?

A. Home Health Aide services are subject to EVV with a Soft Launch on 4/1/2023 and Hard Launch on 10/1/2023.

General EVV Questions

Q. How do we access EVV presentations and recordings?

A. EVV meeting presentations and recordings are available on the [NC Medicaid EVV webpage](#) under Provider Meetings and Trainings. Please refer to [Provider Meetings and Training](#) section.

Q. Where can I find a schedule of Stakeholder Meetings?

A. Stakeholder Meetings are posted on the [NC Medicaid EVV webpage](#). Please refer to [Provider Meetings and Training](#) section.

Q. How do providers register with Sandata?

A. Providers were asked to complete the Provider Survey regarding their EVV vendor. (This survey is now closed.) If providers have selected to use the State's solution, Sandata, the provider will [register with Sandata](#) for training. Once providers have registered, they will receive a Welcome Kit from Sandata.

If providers did not complete the survey prior to its closing, they can visit the [NC Medicaid EVV webpage](#) under Provider Meetings and Trainings (click on NC Training Announcement) to begin the registration process with Sandata. This registration is now open.

Q. Will beneficiaries have access to their own EVV data?

A. Beneficiaries will not have access to their EVV data. Prior to authorization of service, beneficiaries have the opportunity to review and approve their service plan/plan of care. EVV validates what was authorized. If the beneficiary believes services are not provided in accordance with their service plan/plan of care, they may contact their service provider.

Q. If the beneficiary does not understand the EVV system, who can they turn to for assistance?

A. Beneficiaries were mailed an EVV Information Card to inform them of the EVV requirement. The Information Card directs them to the Medicaid EVV webpage and the NC Medicaid Contact Center for support. Beneficiaries should also reach out to their agency provider for assistance.

Q. What is a fixed visit verification device?

A. In situations where neither the mobile application nor the toll-free telephony solution is available, the NC Medicaid EVV program also supports fixed visit verification (FVV) devices. These small, signal-less fobs are designed to stay in the member's location and the caregiver aides can use it to capture timecodes at the start and the end of the visit, which can be entered later into the EVV system to record the exact time the visit started and stopped. Please note that providers who choose to use FVV devices for the NC Medicaid EVV program may incur a cost for their use.

Q. What is a third-party EVV system?

A. The term "third-party EVV system" or "alternate EVV system (Alt EVV)" refers to the ability of a provider agency to use an EVV system of their choosing that is not the State-supplied Sandata EVV system. These Alt EVV systems can be used by the providers and will be required to deliver EVV data to NC Medicaid to comply with EVV requirements. Please note that providers choosing to use a third-party or Alt EVV system may incur a cost from the vendor for that EVV system and the interface to NC Medicaid's EVV system.

Q. Will Medicaid develop a Provider Attestation to meet EVV policy requirements?

A. Medicaid will not develop a Provider Attestation form to be distributed. However, providers are required to maintain documentation in each Medicaid beneficiary's file that informs they were notified of the EVV requirement. Providers are also required to maintain documentation in each aide's employee file that informs they completed training on the provider's EVV system of choice. A Paid Live-In Provider Attestation is developed to assist with claim adjudication of exempted caregivers who do not have to validate their in-home visits. Policy language will be amended to reflect this messaging.

Implementation

Q. If providers use a third-party vendor (e.g., their EHR vendor), is GPS confirmation required?

A. A Global Positioning System (GPS) confirmation is required in North Carolina when using a third-party vendor.

Q. How will providers document deviations from the service plan? Will a paper timesheet and POC still be needed for licensure requirements?

A. Providers will continue to document deviations from the service plan/plan of care (POC) utilizing their current aide documentation practices. POC licensure requirements remain the same. Providers are to adhere to clinical coverage policy for the Medicaid service plan/POC requirements.

Q. What is the difference between Sandata and HHAeXchange?

A. Sandata is NC Medicaid’s procured vendor for NC Medicaid Direct services [Personal Care Services (PCS), Community Alternatives Programs for Children and Disabled Adults (CAP/C and CAP/DA), and Home Health Care Services (HH)]. Sandata is also NC Medicaid’s procured Aggregator which collects EVV data from all third-party alternate solutions. HHAeXchange (HHA) is a separate EVV solution from the Sandata Solution. If services are provided through the LME/MCOs or health plans, they will be subject to their requirements for EVV implementation.

Q. If EVV is simply for tracking the clock-in and clock-out of direct service professional (aide) staff, why is authorization data necessary?

A. Prior authorization data is necessary to ensure that the EVV visit data is based on authorized services.

Q. Will task sheets still be required?

A. Task sheets will continue to be required.

Q: Are aides required to document tasks during in-home visits?

A: Documentation of tasks during in-home visits must follow the regulatory requirements set forth by the Division of Health Service Regulations (DHSR) and other guiding clinical coverage policies for State Plan PCS and the Community Alternatives Programs for Children and Disabled Adults (CAP/C and CAP/DA). Sandata, the state’s EVV solution offers an option for tasks to be documented and can be used at the discretion of providers.

Q. Will the EVV system generate task sheets that can be printed and maintained in records?

A. At this time, Sandata does not generate reports that can be used as aide documentation/task sheets.

Q. Will the Sandata system be free of charge for Providers?

A. The use of Sandata is free of charge for providers if they are only utilizing the Sandata Mobile Connect option or Telephony. If providers need to use the Fixed Visit Verification (FVV) device, use of the device(s) will be a cost incurred by the provider.

Scheduling

Q. Schedules are often fluid due to requests from clients to change to afternoon or move back an hour or two based on an appointment. Are providers required to update QiReport every time a schedule moves within a day?

A. Updates to QiReport are not required every time schedules change. Providers are responsible for updating schedules when a new service plan is needed, or service plan revisions are required. Service Plan revisions are for permanent changes to the beneficiary's schedule not for changes that are determined to be deviations.

Q. If an aide is scheduled for 8:30 -10:30 a.m. in the QI Report, but actually works 11 a.m. - 1 p.m., would the provider receive a claims rejection?

A. Providers will enter aide schedules into the Sandata solution; however, at go-live the EVV visit will be verified based on the scheduled length of time and not the actual time completion. Change in aide schedule will not result in claims rejection.

Q. Will the service plan changes, and aide schedule changes also apply to assisted living PCS providers?

A. Assisted Living/Adult Care/Group Home Providers are not subject to EVV. Please refer to the [EVV service codes list](#) for more information.

Billing

Q. Does the Sandata system automatically bill for services once the aides sign in and out of the system or will there still be a need for a biller?

A. The Sandata system does not automatically bill for services. Providers will continue to submit claims to NCTracks for adjudication. There is no change to how prior approvals are transmitted to and how claims are submitted through NCTracks.

Q. Will Medicaid reject claims that don't exactly match the hours on the service plan?

A. Claims with hours that differ slightly from the service plan will not be rejected. Schedules submitted into the EVV Solution are to be based on the beneficiary's service plan, however deviations are allowed to the schedule and should be appropriately documented in accordance with current aide documentation practices. POC licensure requirements remain the same. Providers are to adhere to clinical coverage policy for the Medicaid service plan/POC requirements.

Q. Will an incorrect address or telephone number in the Sandata's EVV portal prevent the claim submitted from paying?

A. 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 claim 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).

EVV Logistics

Q: If the aide forgets to clock in or clock out during the visit, can this be corrected?

A: If the aide forgets to clock in or clock out, it can be corrected by entering a manual visit. This is done by clicking on "Create Call" in Visit Maintenance. Within that online application, the provider agency staff can view the caregiver's visit,

see the missing time entry and provide the correction to the visit. The provider will be prompted to give a reason for that correction/update and that visit will be updated to reflect the edit. Manual edits and entry should only occur on rare occasions.

Q. We have limited internet access and most of our beneficiaries don't have landlines and will need a device. Will the cost of the device be the responsibility of the beneficiary or the provider agency?

A. The Sandata system and visit capture tools are used across dozens of states today, including some of the most remote locations in the country. The Sandata Mobile Connect mobile application has the ability to work in "disconnected mode," where visit capture can occur using the app without having either cell or Wi-Fi network access. The app will capture all the necessary data elements for the visit, encrypt data and store temporarily on the mobile device until the device is back in cellular or Wi-Fi network range. At that point, the visit data will be transmitted to the EVV system and removed from the device.

The Sandata Mobile Connect app is free to use and download, supported on Android and Apple iOS devices, and can be set to only transmit data over Wi-Fi signal to avoid using individual caregivers' data plans.

The NC Medicaid EVV program is a bring your own device (BYOD) program, which allows the caregivers to use the Sandata Mobile Connect app on their own personal devices to capture visits for the program.

The cost of the device will be the responsibility of the provider agency. To learn more about purchasing an FVV device, view the [NC Medicaid EVV Implementation Update bulletin](#) posted Jan. 21, 2021. NC Medicaid will issue additional information on FVV purchase in the coming weeks.

Q. Does the beneficiary need to sign electronically when services are received?

A. For the NC Medicaid EVV program, obtaining the signature of the individual receiving services at the time of the visit is not required for EVV visit capture.

Q. How does a provider contact technical IT support at Sandata?

A. If a provider is having an issue with the Sandata system or their EVV account, they can contact the Sandata Customer Care line at 855-940-4915 to have their issues addressed by Sandata's team of dedicated support representatives.

Q. How will connectivity be addressed for providers with aides who do not have smart phones and beneficiaries who do not have cell service?

A. The Sandata EVV solution has multiple modes for visit capture that caregiver aides can use for their daily visit activities. In addition to the Sandata Mobile Connect app for smart devices, the system also supports visit capture via Interactive Voice Response (IVR) by phone. Each provider agency is issued their own toll-free phone number where the aides may call in to record the start and end of their visits, along with any specific details for the visit.

In situations where neither the mobile application nor the toll-free IVR solution is available, the NC Medicaid EVV program also supports fixed visit verification (FVV) devices. These small, signal-less fobs are designed to stay in the member's location and the caregiver aides can use them to capture timecodes at the start and the end of the visit. These timecodes can be entered later into the EVV system to record the exact time the visit started and stopped. Please note that providers who choose to use FVV devices for the NC Medicaid EVV program may incur a cost for their use.

Q. If a staff person performs various services throughout a shift, do they log in and out of the services or log in at the beginning of the shift and then out at the end, regardless of the combination of services provided?

A. The 21st Century Cures Act defines that every visit must capture and represent a single, defined service. From that perspective, each different HCPCS service that is performed by the staff will need to have a specific EVV visit with start and end times captured. However, the specific tasks and activities that are performed during that service do not require individual start and stop times to be captured.

Q. Does Sandata export the EVV-collected data to providers?

A. The Sandata EVV system offers the provider agency a suite of different reports to view and export the EVV data for the provider. These reports are parameterized, allowing the provider agency staff to select specific timeframes and other options to report on different aspects of their EVV activity. All of these reports are available to export in a variety of different formats, including text-based, comma-separated value lists, as Microsoft Excel spreadsheets or multiple other options.

Q. Can an update be made to the beneficiary address or telephone number in Sandata's EVV portal?

A. The beneficiary address or telephone number cannot be modified, nor can another address or telephone number be added to the beneficiary profile in the Sandata system. To initiate an update of the address or telephone number in Sandata's EVV portal, the beneficiary must contact their local Department of Social Services. The local DSS must update the address and telephone number in the NCFASST system which will transmit the newly updated address and telephone number to the beneficiary profile in Sandata's EVV.

Q. What are NC Medicaid EVV Visit Exceptions?

A. Visit exceptions occur when the EVV system identifies that a program-defined issue exists for a visit. When this occurs, an agency user with the appropriate visit maintenance security privileges is able to document missing or incorrect data for the visit or acknowledge that the exception occurred and resolve it. For more information and a listing of EVV visit exceptions see the [NC DHHS EVV Supplemental Training Guide](#).

Q. What is a verified visit?

A. A visit with the status of verified, means there are no exceptions. Clearing or resolving all exceptions on an incomplete visit, updates the visit status to 'verified.'

Q. How do I enter EVV visits if the beneficiary does not appear in the Sandata portal?

A. Medicaid beneficiaries subject to EVV with an active prior authorization (PA) should appear in your Sandata portal. If the beneficiary does not appear but there is an active PA, the provider should conduct the visit in accordance with the beneficiary's service plan/plan of care. Once the provider can access the client in the EVV portal manual visits for services that were completed prior to the client being viewable in the EVV system can be entered for visits where the aide provided services but was not able to enter through SMC, TVV, or FVV. Providers are to report missing clients to Sandata Customer Support at 855-940-4915 or NCCustomerCare@Sandata.com

Device Usage**Q. Can tablets, mobile devices or telephones be used for the EVV communication devices?**

A. The Sandata Mobile Connect app is available for Android and Apple iOS devices running most recent versions of those operating systems. The devices must have GPS connectivity and the capability to connect to either cellular or WiFi networks for data transmission. While the app is optimized to run on mobile phones, it can support running on larger devices with different screen resolutions.

Q. Can aides use the beneficiary's smart phone to add Sandata Mobile Connect?

A. The Sandata Mobile Connect App is only to be used on the aide's device.

Q. Can the telephone option only be used on a cellphone?

A. If use of the mobile application is not available to the caregiver/aide, telephony (access by phone) is the second option that may be used to capture visits. Telephony may be used on landlines or cellular devices. To meet the requirements for capturing visits and to not place burden on the beneficiary to verify, it is preferred that the caregiver/aide use a landline to validate the visit. While cell phones may be used to capture visits, caregivers/aides are prohibited from utilizing the beneficiary's cellphone. Providers are to exercise discretion if they elect to allow caregivers/aides to utilize cellphones to capture EVV via telephony. Providers must create a policy for the use of telephony that protects the interest of the beneficiary.

Community Alternatives Program and Innovations Waiver**Q: Is EVV required if a provider doesn't participate in PCS services, but participates in CAP/DA?**

A: EVV is required for both Community Alternatives Programs for Disabled Adults and children (CAP/DA and CAP/C).

Q. Will retainer services be included in EVV?

A. Specific to the CAP waivers, retainer plans of care are excluded from the EVV mandate because an in-home visit is not made when a retainer agreement is in place.

Any service plan that includes one or more of the personal care codes included in the waiver, such as an in-home aide, pediatric nurse aide and personal care assistance services, will be subject to the EVV mandate. Waiver participants who are living with a paid caregiver, regardless of the type of service being provided (provider or consumer-led), are excluded from the EVV mandate.

Q: A CAP beneficiary is missing from my client load roster, what do I need to do?

A: Beneficiaries enrolled in the CAP waiver are authorized services by an assigned case management entity. Before a prior approval (PA) can be assigned to a CAP beneficiary, the authorized provider must accept the CAP service authorization in the e-CAP system. Once the service authorization is accepted, e-CAP generates the PA and transmits it to NCTracks and Sandata.

Q. Will EVV require providers to enter time sheets manually into e-CAP?

A: The CAP waiver does not require the upload or manual entry of timesheets. At the discretion of the case manager, the provider may be asked to upload a timesheet to monitor tasks the beneficiary is receiving to identify ongoing needs or to monitor acuity due to a change in status.

Q. Sometimes the address is incorrect on the service authorization since e-CAP pulls up the beneficiary address through the MMIS system. Will this change in e-CAP due to the GPS location being different?

A: This process will not change. The electronic Community Alternatives Program (e-CAP) system that manages CAP eligibility determination activities, service plan development and monitoring tasks, will continue to use the State's Medicaid Management Information System (MMIS) to assist with identifying the address of the waiver participant. The address in the MMIS is considered the source of truth. It is the waiver participant's responsibility to notify their local DSS immediately when there is a change in address or assets.

Q. How will providers be able to track using EVV with community-based services where the individual may be picked up and dropped off at different locations (example one day the person might be picked up at school and services end at one parent's house and then the next day they are to be dropped off at grandmother's home)? Can you clarify how this works with community-based services under the Innovations Waiver?

A: To ensure waiver participants are offered the opportunity to integrate into the community similar to non-disabled individuals, personal care-type services in the CAP waiver may be provided in various places such as the home or the community. The provider's EVV vendor should provide training on how to capture visits in the community versus home visits.

To ensure EVV implementation aligns with current billing processes for the Innovations and Traumatic Brain Injury (TBI) waiver programs, as well as for (b)(3) services administered by Local Management Entities/Managed Care Organizations (LME/MCOs), EVV implementation of those programs is June 30, 2021.

Q: If a CAP beneficiary has multiple employees and at least one of the employees does not live in the home, must all the employees use EVV?

A: All the employees must use EVV except for an employee who lives in the home.

Q. Can Providers of Innovations waiver services submit EVV data directly to Sandata if they have their own EVV solution?

A: Innovations providers will work with their respective LME/MCO for EVV implementation.

Q: Are CAP beneficiaries able to obtain a smart device to assist with capturing EVV visits?

A: CAP beneficiaries participating in the Consumer Direction program are considered employers of record. They are required to oversee the hiring and pay of staff providing in-home personal care-type services. To assist these employers of record to manage the validation of visits to comply with the 21st Century Cures Act, a smart device or a fixed visit verification (FVV) device can be purchased using the waiver's home- and community-based service of individual goods and services. The financial management entity will inform the case manager of the need, and the case manager will create a POC revision to add the one-time purchase of the device. Individuals in the CAP waiver who are not directing their care are not eligible to receive a smart device to manage EVV.

Using an Alternate EVV System (Alt EVV) to Sandata EVV

Q. Where can we find the Alt EVV technical specifications?

A. The data specifications for Alt EVV providers can be found on the [NC Medicaid EVV webpage](#) under the "Providers and Service Codes" Section.

Q. Will Alt EVV vendors be verifying claims data from LME network providers?

A. Please contact your respective LME/MCO for more information on the EVV model with their selected vendor.

Q. Can we access and print Alt EVV presentation slides/materials?

A. Presentation slides are available to all providers in the EVV program on the [NC Medicaid EVV webpage](#) under Third Party Alternate EVV section in open PDF format (which can be opened using Adobe Acrobat or your local web browser). Slides can be printed from the application used to open and view the file.

Q. How do Alt EVV vendors get interface testing?

A. For those providers who completed the survey, testing credentials were sent to the associated vendors by Sandata during the week of Nov. 23, 2020. Agencies interested in using an alternate EVV vendor may notify Sandata via email at NCAltEVV@sandata.com.

Q. How can we access the Alt EVV Data Specification and NC Addendum?

A. Alt EVV data specification and NC Addendum can be found under the "Provider and Service Codes" section of the [NC Medicaid EVV webpage](#).

Q. Where can I find information on API?

A. The RESTful Application Program Interface (API) can be found under the "Provider and Service Codes" section of the [NC Medicaid EVV webpage](#) in the [Requirements Specification document](#).

Q. Can providers upload agency documents to Sandata?

A. Sandata EVV does not have a feature to accept uploaded documents.

Q. How will a provider pay for devices to conduct visit verification?

A. Using the Sandata EVV System is free to NC Medicaid providers. If providers choose to use a fixed visit verification (FVV) device for service providers who do not have access to a telephone or smart device, there will be a charge to providers. Sandata is currently working out the logistics on billing and delivery of these devices.

Q. If an agency uses a third-party vendor and later wants to change to the Sandata system (or vice versa), will they be able to make that change?

A. Providers can change their EVV vendor. Agencies will notify Alt EVV Support at NCAltEVV@Sandata.com or 855-9404915 to change vendors. A member from the Sandata support team will walk through the process of changing systems, a go-live date and activating/inactivating any associated telephone lines.

Q. When will agencies have access to the specs needed for a third-party vendor to send data to Sandata?

A. Information about Alt EVV can be found on the [NC Medicaid EVV webpage](#) under the "Providers and Service Codes" Section.

Q. Will the Alt EVV vendor be able to automatically see the exceptions and bring them to the attention of the provider?

A. The vendor's system should show the provider what is missing in the visit to be considered a completed visit. The Sandata Aggregator is a view-only system. Any updates or changes must be made in the vendor system.

Q: Can NC Medicaid recommend a third-party EVV Vendor that might integrate well with our current EHR software? A:

The state is working through its contracted EVV partner, Sandata, to ensure optimal integration with provider systems. NC Medicaid does not offer other recommendations for EVV vendor selection. Providers have free choice and can select a vendor that aligns best with their business practices.

Contact Information

Q. Who do we contact to notify Sandata we have a third-party provider?

A. Please send an email to the NCAltevv@sandata.com informing them of the change to the survey and your selection. If you did not complete the survey, contact Sandata Customer Support at 855-940-4915 and inform them of the alternate EVV vendor you are using. Register for the Sandata training on the [NC Medicaid EVV webpage](#) under Provider Meetings and Trainings.

Q. Can providers contact the Sandata team directly?

A. Providers can reach out to Alt EVV Support at NCAltEVV@Sandata.com for additional information on Alt EVV. For all other inquiries please contact the Customer Support team at 855-940-4915 or email: NCCustomerCare@Sandata.com.

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](#).

Capturing Visits

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. For Alternate EVV support, contact 844-289-4246 or email NCAltEVV@Sandata.com.

Billing and Claims

See EVV Claims and Resolution Tips for Units

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.

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](#)
 - Alliance: <https://www.alliancehealthplan.org/wp-content/uploads/Medicaid-Rates-FY22.pdf>
 - 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, call 800-544-7263 x4453 or fill out the form at <https://www.sandata.com/schedulecall>.

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, 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-termcare/electronic-visit-verification>

Q. What is the EVV email address?

A. The EVV email address is: 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#, 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; or Sandata Alternate EVV Support at 844-289-4246 or email NCAltEVV@Sandata.com.

Other Questions

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.

Home Health Services EVV Questions and Answers

Home Health Services EVV Questions and Answers

CAN HOME HEALTH CARE, SKILLED NURSING VISITS AND AIDE VISITS BE PROVIDED OUTSIDE THE BENEFICIARY'S HOME?

Beneficiaries receiving Home Health Care Service Skilled Nursing visits and Aide visits should be received in the beneficiary's home or community (daycare, etc).

EVV applies to therapy services (physical therapy, occupational therapy or speech therapy) delivered by a therapist either by contract or as a direct employee where the Prior Authorization (PA) is issued to the billing Home Health Agency NPI. EVV does not apply to independent practitioner providers providing therapy services (physical therapy, occupational therapy or speech therapy) that may be performed in various settings, including the beneficiary's home. In this incidence, the independent practitioner would have the PA issued to the IPP billing NPI and would bill Medicaid directly as an IPP.

IS EVV REQUIRED FOR IN-HOME ABA THERAPY SERVICES?

No, EVV is not required for ABA Therapy Services.

DO WE NEED TO REGISTER WITH SANDATA IF WE ARE GOING TO USE OUR OWN ALTERNATE VENDOR?

Providers need to register with Sandata as the aggregator even if they choose to use another EVV vendor.

WHICH HOME HEALTH CARE SERVICES REQUIRE EVV?

NC Medicaid EVV for HHCS is required for skilled nursing visits, aide visits, PT, OT and SPL visits.

IS EVV COMPLIANCE REQUIRED FOR PATIENTS WITH DUAL MEDICARE-MEDICAID PLANS?

EVV is required for people who have dual coverage (Medicaid and Medicare). EVV is required for members receiving PCS and CAP. It will be required for Home Health and Behavioral Health services upon implementation.

WHAT ARE TAILORED PLANS?

Information on Behavioral Health I/DD Tailored Plan can be found on the Medicaid website at medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans.

HOW DOES THIS TRANSITION AFFECT PROVIDER CREDENTIALLING?

Provider credentialing remains in NCTracks.

ONCE A QUESTION OR CONCERN IS SENT TO THE EVV EMAIL ADDRESS, WHAT IS THE NEXT STEP?

Emails sent to medicaid.evvdhhs.nc.gov generate help center tickets for Medicaid to triage and answer. A response will be sent to you via email.

WHERE CAN WE FIND PROVIDER MEETINGS AND TRAINING INFORMATION?

Recording and slide decks from meetings and training are available on the EVV website (medicaid.ncdhhs.gov/EVV) under Meetings and Trainings.

WHAT IS THE DIFFERENCE BETWEEN HHAeXchange AND SANDATA?

Sandata is NC Medicaid’s procured vendor for NC Medicaid Direct services (e.g., Personal Care Services, Community Alternatives Program for Children and Community Alternatives Program for Disabled Adults). Sandata is also NC Medicaid’s procured Aggregator which collects EVV data from all third-party alternate solutions. HHAeXchange (HHA) is a separate EVV solution from the Sandata Solution. If providers provide services through the LME/MCO or health plans, they will be subject to their requirements for EVV implementation.

WILL HOME HEALTH CARE SERVICES REQUIRE AN AUTHORIZATION?

Home health aide and skilled nursing visits require the provider to enter a “record authorization” in Sandata to associate the client to the provider. For therapy services, see business rules require a prior authorization to be uploaded in the Sandata system using the following [link](#).

WHAT IS AN ALTERNATE VENDOR?

The term “third-party EVV system” or “alternate EVV system” refers to the ability of a provider agency to use an EVV solution of their choosing that is not the State-supplied Sandata EVV™ system. These EVV applications can be used by providers and will be responsible for delivering EVV data to Medicaid to comply with EVV requirements. Providers choosing to use a third-party or alternate EVV system may incur a cost from the vendor for the EVV system and the interface to Medicaid’s EVV system.

WHEN WILL PATIENTS BE IMPORTED TO SANDATA?

NCTracks imports beneficiary information to Sandata daily.

HOW WILL CLEARING EXCEPTIONS WORK WHEN USING AN ALTERNATE EVV VENDOR?

The process to associate a client to a provider is only required in Sandata. Reach out to your alternate vendor for any home health instructions or requirements when using an alternate system.

HOW CAN HOME HEALTH PROVIDERS BILL FOR SUPPLIES? WHERE CAN PROVIDERS OBTAIN GUIDANCE ON HOW TO BILL AND THE CLAIM ADJUDICATION PROCESS?

Individual home health services shall be billed in accordance with the NCTracks Provider Claims and Billing Assistance Guide which is at nctracks.nc.gov/content/public/providers/providermanuals. The guide includes information on how to bill and the claim adjudication process.

WHERE CAN PROVIDERS FIND A BENEFICIARY'S ENROLLMENT STATUS AND HEALTH PLAN?

The NCTracks Provider Portal allows providers to look up a beneficiary's managed care enrollment status and their assigned health plan. The information can be found in the Benefit Plan field. Health plan contact information is available on the Medicaid website at medicaid.ncdhhs.gov/health-plans.

HOW CAN PROVIDERS FIND OUT IF BENEFICIARIES ARE ENROLLED IN NC MEDICAID MANAGED CARE?

Providers should always check the eligibility of all Medicaid beneficiaries in NCTracks before providing services and prior to billing. If a beneficiary is enrolled in NC Medicaid Managed Care, NCTracks will show which health plan the beneficiary is enrolled in.

If you have questions about a beneficiary, call their health plan for more information. Health plan contact information is available on the Medicaid website at medicaid.ncdhhs.gov/health-plans.

WHAT IS THE HOME HEALTH SERVICES RULE FOR ROUNDING UNITS?

Home Health EVV is billed as **1 Visit = 1 Unit** and uses Revenue Codes for Billing HH, therefore the rounding rules based on 15-minute increments do not apply to Home Health.

For more information, visit the Medicaid EVV webpage (medicaid.ncdhhs.gov/EVV) under Previous Stakeholder Meetings, Monday, April 25, 2022.

DOES A BENEFICIARY NEED AN AUTHORIZATION IN THE SANDATA SYSTEM IN ORDER TO CAPTURE THE REQUIRED VISIT DATA?

Yes, an authorization in the Sandata system is required for a Medicaid beneficiary to ensure the beneficiary is approved to receive the Home Health Service subject to EVV. One of the 21st Century Cure Act requirements for EVV states the beneficiary must be authorized to receive the home health service.

CAN THE SERVICE BEGIN KNOWING THE AUTHORIZATION IS ON ITS WAY?

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

DO PROVIDERS NEED TO PURCHASE AN EVV SOLUTION?

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.

WILL SANDATA SEND CAPTURED EVV TO HHAExchange?

If you are using the provider-paid solution, Santrax Agency Management for beneficiaries in Managed Care, Sandata will send your visits to HHAExchange. (with the exception of Healthy Blue who uses CareBridge instead of HHAX)
For more information regarding SAM, email info@sandata.com, call **800-544-7263 x4453** or complete the form located at sandata.com/schedule-call.

WHAT IS THE COST OF SANDATA'S PAID EVV SOLUTION?

If you are interested in information regarding Santrax Agency Management, email info@sandata.com, call **800-544-7263 x4453** or complete the form at sandata.com/schedule-call.

HOW CAN PROVIDERS ACCESS TRAINING PRESENTATIONS?

Meeting materials are posted on the NC Medicaid EVV webpage (medicaid.ncdhhs.gov/EVV) under Provider Meetings and Trainings.

HOW TO LINK A FIXED VISIT VERIFICATION DEVICE TO THE SANDATA PORTAL

Order forms for purchase or lease of FVV devices can be found on the NC Medicaid EVV webpage (medicaid.ncdhhs.gov/EVV) under Provider Resources and Service codes.

If you need more information after submitting a form, contact Sandata Provider support at **855-9404915**.

ARE AGENCIES ALLOWED TO START AN UNSCHEDULED VISIT THEN CLEAR THE EXCEPTION TO VERIFY THE VISIT AFTER THE VISIT WAS COMPLETED?

If visits are aligned with North Carolina Medicaid, you may access the link below that explains how to schedule visits for home health entry. <https://medicaid.ncdhhs.gov/nc-dhhs-video-links-evt-meeting-022823/download?attachment>

DO WE HAVE TO GET AN AUTHORIZATION FROM NC TRACKS AND THEN INPUT THAT AUTHORIZATION IN SANDATA?

If you have an authorization in NCTracks, entering an authorization in Sandata is not necessary as those are transmitted to Sandata nightly. The only time you need to enter an "authorization" is for Aide visits and skilled nursing visits.

HOW WILL WE BE PAID FOR SERVICES RENDERED? WILL WE STILL BILL A CLAIM?

You will bill NCTracks for NC Medicaid Direct as you always have in NC Medicaid Direct, the EVV process only verifies the visit occurred.

DO CAREBRIDGE AND HHAEXCHANGE PROVIDE TRAINING?

For HHAExchange or CareBridge, you should reach out to that vendor. They both provide live training for providers and have recorded training on their website.

WE HAVE BEEN TOLD THAT WE ARE THE ONLY STATE WITH 3 DIFFERENT EVV SYSTEMS REQUIRED (SANDATA, HHA EXCHANGE, CAREBRIDGE). HOW DO WE IMPLEMENT ALL OF THESE AS REQUIRED BY THE PAYORS?

There are three Medicaid payer groups and each has procured a free EVV solution for providers serving beneficiaries in that group, but Providers may choose to purchase a comprehensive EVV solution that consolidates all visits from the three different payer types.

ARE YOU SAYING THAT AS LONG AS INFORMATION IS SENT TO SANDATA, AGENCIES DO NOT NEED TO SEND INFO TO THE OTHER VENDORS FOR THE PAYOR GROUPS?

Providers have the option to use the EVV vendor(s) of your choice. Each payer group (Standard Plans, LME/MCOS and NC Medicaid Direct) has procured a free EVV solution for providers serving beneficiaries in that group, but providers may choose to purchase a comprehensive EVV solution that consolidates all visits from the three different payer types. You do not have to use three different apps. If you are using Sandata for NC Medicaid Direct, you send the data through that app. For Standard Plans, if you are using HHAX or CareBridge, your data goes through their app and then the ALT vendor sends it to the Sandata aggregator.

HOW ARE ALT EVV VENDORS SUPPOSED TO SEND SCHEDULES?

For HHAExchange, CareBridge or other Alt Vendors, you should reach out to that vendor to determine the preferred methods to submit schedules.

WHAT BUSINESS RULES REQUIRE VISITS TO BE SCHEDULED?

EVV business rules require visits to be scheduled. If the visit starts after the scheduled time, the agency's administrator may make manual edits to that visit in their EVV solution. The claim will be noted as pending in NCTracks when the units are more than the scheduled duration of the visit. Visits are not marked as pending in the Sandata system.

WHEN SCHEDULING A PATIENT, DOES THE TIME HAVE TO BE ENTERED?

EVV business rules require visits to be scheduled. If the visit starts after the scheduled time, the agency's administrator may make manual edits to that visit in their EVV solution. The claim will be noted as pending in NCTracks when the units are more than the scheduled duration of the visit. Visits are not marked as pending in the Sandata system.

CAN DATA BE UPDATED IN THE HHAX PORTAL?

Providers have full control over caregiver data in the portal. Rate management permissions will vary by health plan.

- **UnitedHealthcare:** Payer Managed
- **Carolina Complete Health:** Payer Managed

- **AmeriHealth:** Provider Managed
- **WellCare:** Provider Managed

In the case of provider managed rates, providers can edit these in the HHAX portal or send them in their visit import files (if using a third-party vendor). If sending in the visit file, the provider must submit a ticket to EDI support to request an update to their configuration to accept the information.

DOES HHAX PROVIDE TRAINING ONCE SFTP IS SET UP?

All providers are provided credentials for the HHAX Learning Management System training. The training is self-paced and includes modules for providers using HHAX directly and those using a thirdparty vendor.

DO PROVIDERS USING A THIRD-PARTY VENDOR TO INTEGRATE WITH HHAEXCHANGE AND CAREBRIDGE HAVE TO COMPLETE SEPARATE PAPERWORK TO HAVE VISIT DATA SENT TO SANDATA?

HHAX and CareBridge will automatically aggregate visit data to Sandata on behalf of the provider. For this to work, the provider must be registered with Sandata. Providers should contact Sandata (sandata.com/contact/) for questions on how to register.

HOW OFTEN IS DATA RECEIVED BY THE AGGREGATORS?

Data is updated multiple times a day. The aggregator is the final source of truth for EVV data and updates occur as data is received from the vendors.

IS HOME INFUSION THERAPY INCLUDED IN EVV?

Home Infusion Therapy is not subject to EVV. See [Section 7.6.2 Coordination with In-Home Drug Infusion Therapy of Clinical Coverage Policy 3A](#) (Home Health Services).

DO CLAIMS WITH SUPPLIES NEED TO BE SPLIT? DOES THE SUPPLY CLAIM GO THROUGH SANDATA?

EVV is a requirement for home visits; supplies are billed separately. Claims do not go through Sandata. See [Section 3.2.1.5 and 3.2.1.6 of Clinical Coverage Policy 3A](#) (Home Health Services) for more information.

IS THERE STATE GUIDANCE REGARDING THE OVERLAPPING SERVICE TIMES FOR HOME HEALTH?

Please reference [Section 5.3.3 Amount, Frequency and Duration of Service found in Clinical Coverage Policy 3A](#) (Home Health Services).

DO PROVIDERS USING A THIRD-PARTY COMPANY TO INTEGRATE WITH HHAEXCHANGE AND CAREBRIDGE HAVE TO COMPLETE SEPARATE DOCUMENTATION FOR HHAEXCHANGE AND CAREBRIDGE TO SEND VISIT DATA TO SANDATA?

Providers need to register their choice of EVV Vendor with Sandata. If they have multiple EVV solutions across payers, they will need to register all solutions.

WHO DO WE CONTACT FOR DISCREPANCIES IN AUTHORIZATIONS?

The designated health plan is the first contact for members in managed care. If authorizations are incorrect or missing from your portal, you should follow up with the appropriate health plan. In NC Medicaid Direct, follow the standard process for authorizations.

WHAT IF A MEDICIAD PATIENT DOESN'T CONSENT TO EVV?

Using EVV is not optional for Home Health Services as it is a federal mandate. The provider will not be reimbursed if EVV is not used. If a beneficiary declines the consent for EVV, they are at risk of not receiving services.

WHY ARE SNOW TICKETS AND THE EMAIL PORTAL DIFFERENT FROM LOGGING A TICKET WITH SANDATA FOR TECHNICAL ISSUES?

These are different systems. Sandata uses Zendesk as their ticketing system. The State uses ServiceNow (SNOW) as it's ticketing system. If the State receives a SNOW ticket that is Sandata-specific, it is forwarded to them for resolution. To enter a SNOW ticket, email Medicaid.evv@dhhs.nc.gov.