NC Department of Health and Human Services

Electronic Visit Verification (EVV) Stakeholder Meeting

Linda Rascoe, Senior Policy Analyst
EVV Program Manager

Feb. 28, 2022
Electronic Visit Verification Stakeholder Meeting Agenda

• Welcome & Introductions
• Review of EVV Federal Legislation
• NC EVV Program Overview
• Phase II: EVV Home Health Care Services
• Sandata: EVV Systems Contractor
• EVV Program Monitoring
• Provider Survey Results
• Questions & Next Steps
  o Checklist
  o Post-Meeting Evaluation
  o Closing Remarks
Welcome & Introductions
Meetings with prospective EVV Program stakeholders Fall 2019

EVV Webpage Launch

EVV Provider Survey

Analysis of Survey Results

NC decides to use Open Vendor Model

CMS Confirms the ACH are exclude from EVV

RFI Posted

Vendor Demos

NC determines EVV solution for Consumer Direction

RFP Posted

Direct mailing to EVV Beneficiaries starts

Contract Award & Sandata On-boarding Begins 9/24/20

Provider Engagement and Training Initiated

EVV Go-Live 1/1/2021

NC Electronic Visit Verification History
The North Carolina Department of Health and Human Services (DHHS) is required to begin using an Electronic Visit Verification (EVV) system for Personal Care Services (PCS) by Jan 1, 2021 and for Home Health Care Services (HHS) by Jan 1, 2023. This change does not cause significant impact to beneficiaries. Beneficiaries can still expect:

- To continue to use their existing providers if these providers comply with the EVV requirements.
- The EVV system does not change the services provided, the provider selection, limit the beneficiaries choice of caregivers or change the way care is delivered.

EVV is required for the following State plans and waiver programs:

- State Plan Personal Care Services
- Community Alternative Program for Children (CAP/C)
- Community Alternative Program for Disabled Adults (CAP/DA)
- Innovations – Home and Community Based Services
- Traumatic Brain Injury (TBI)
- State Plan Home Health Care Services
EVV Program Overview

Linda Rascoe
Senior Policy Analyst
EVV Program Manager
The EVV summary timeline below reflects events specific to PCS/CAP and Home Health Care:

- **Sandata Contract Award**: 9/24
- **EVV Soft Launch for PCS and Community Alternatives Programs**: 1/1
- **EVV Soft Launch for LME/MCO and Standard Plans**: 7/1
- **EVV Hard Launch for Standard Plans**: 11/1
- **EVV Hard Launch for Fee-for-Service (Medicaid Direct)**: 6/1
- **EVV Hard Launch for LME/MCO**: 10/1
- **EVV Launch for Home Health Care Services**: 1/1
- **Enrollment and selection of EVV vendor completed**: 12/18

**Legend:**
- Milestone
- Soft Launch
Electronic Visit Verification (EVV)

- EVV is a method used to verify visit activity for services delivered as part of home- and community-based service programs.
- EVV is intended to offer a measure of accountability to help ensure that individuals who are authorized to receive services in fact receive them.
Vendor Landscape

NC has one aggregator, Sandata, and providers can choose from 36 alternative vendors (Alt EVVs)

Key Vendors

**Sandata Technologies, LLC (Sandata)**

Sandata is an organization that makes software for Medicaid providers and payers. NC DHHS awarded a contract to Sandata on Sept. 24, 2020 and began using their services for Electronic Visit Verification (EVV) statewide on Jan. 1, 2021. Sandata is the States EVV Aggregator and is used by Medicaid Direct. Sandata also receives the visits from HHA (LME/MCOs, PHPs), Carebridge (PHP – Healthy Blue), and other ALT EVV Vendors.

**HHAeXchange**

HHAeXchange provides a free Electronic Visit Verification (EVV) tool for member placement, scheduling, authorization management, and direct billing for personal care services. HHAs system is used by the LME/MCOs and 4 of the 5 Standard Plans.

**CareBridge**

CareBridge offers a patented EVV solution for all types of personal care services and home health services. CareBridge performs data aggregation, analytics and validation for 1 of the Standard Plans.

**Alternative EVV Vendors (Alt EVV)**

Provider agencies can 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. Providers have the option to choose from 36 Alt EVVs.
Progress to Date

- Chronology of Activity from January 1, 2021, to December 31, 2021
  - Soft Launch of State Plan Fee-for-Services as of 1/1/21 (PCS and 1915c Waivers)
  - Hard launch of State Plan Fee-for-Services as of 6/1/21 (PCS and 1915c Waivers)
  - Fee-for-Services Provider Number: 1,132
  - Soft Launch of LME/MCOs and Standard Plans as of 7/1/21
  - Hard Launch of LME/MCOs as of 10/1/21
  - LME/MCOs Behavioral Health Provider Number: 299
  - Hard Launch of Standard Plans as of 11/1/21
  - SP Managed Care Provider Number: 421

- PCS and 1915c Waivers Operational
- Implemented Command Center to address issues related to EVV launch
- Targeted Stakeholder Outreach (webinars, training materials, public posting on website)
- Continued Stakeholder Engagement with Behavioral Health, LME/MCOs to revise launch date and with PHPs
- Working to assess system sharing of data
- Handling questions & providing technical assistance to Providers, PHPs & vendors
Phase II: Home Health Care Services Implementation

Mary Rollins-Hughes
LTSS Program Operations Manager
## EVV Home Health Care Services Projected Timeline

### October - December 2021 (Oct-Dec 2021)
- Kick Off Session: **11/18/2021**
- Initial Stakeholder Engagement: NOV - JAN
- HH Policy revision: NOV - DEC
- Confirm # of HH providers: NOV - FEB
- Complete business rules: DEC - MAR
- Identify LME/MCO & PHP (SP & TP) vendor impacts: FEB - MAR
- Assess and update system interfaces: FEB - JUL
- Establish Technology Sessions: ONGOING
- Test systems & validate, assure claims processing: ONGOING
- Conduct statewide and vendor trainings: MAR 2021 - ONGOING
- Stakeholder meetings: MARCH STAKEHOLDER #2

### January - March 2022 (Jan-Mar 2022)
- v

### April - June 2022 (Apr-Jun 2022)
- Confirm # of HH providers: NOV - FEB
- Complete business rules: DEC - MAR
- Identify LME/MCO & PHP (SP & TP) vendor impacts: FEB - MAR
- Assess and update system interfaces: FEB - JUL
- Establish Technology Sessions: ONGOING
- Test systems & validate, assure claims processing: ONGOING
- Conduct statewide and vendor trainings: MAR 2021 - ONGOING
- Stakeholder meetings: MARCH STAKEHOLDER #2

### July - September 2022 (Jul-Sept 2022)
- Confirm # of HH providers: NOV - FEB
- Complete business rules: DEC - MAR
- Identify LME/MCO & PHP (SP & TP) vendor impacts: FEB - MAR
- Assess and update system interfaces: FEB - JUL
- Establish Technology Sessions: ONGOING
- Test systems & validate, assure claims processing: ONGOING
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### October - December 2022 (Oct-Dec 2022)
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NC Medicaid Electronic Visit Verification (EVV) Stakeholder Meeting February 28, 2022 12
Home Health Care Services

Note: Private Duty Nursing - Will not be included in NC Medicaid EVV at this time.
Proposed Home Health Policy Amendments For EVV

• Provider Requirements for EVV
  ➢ To comply with Section 12006 21st Century CURES ACT
  ➢ To Register with the states EVV Solution (Sandata) or procure an Alternate EVV solution
  ➢ To provide written documentation to beneficiaries informing them of EVV requirements
  ➢ To provide staff trainings on requirements and use of EVV Solution

• EVV (Electronic Visit Verification) Data Requirements
  Effective, January 1, 2023. Providers are required to use an Electronic Visit Verification EVV solution to capture in-home aide visits through mobile application, telephony, or fixed visit verification devices. EVV visit verification validation components required by the 21st Century Cures act are listed below:
  ➢ Type of Service
  ➢ Individual receiving service
  ➢ Individual providing service
  ➢ Date of service
  ➢ Location of service
  ➢ Time service begins and ends

• Reimbursement Information
  ➢ More information forthcoming at our next EVV Stakeholder Meeting in March
Sandata: EVV System Contractor

Andrea Huffman – Sr. Director
Tashina Hamilton – Manager
Customer Success
21st Century Cures and EVV

Section 12006 of the bill, requires Electronic Visit Verification System for Personal Care Services (1/1/2021) and **Home Health Care Services (1/1/2023) Under Medicaid.**

States that do not require a system for personal care and home health services by the mandated dates will face an escalating reduction in FMAP funding.

The EVV system must verify the following:

- Date of service;
- Location of service;
- Individual providing service;
- Type of service;
- Individual receiving service; and
- Time the service begins and ends.

**EVV qualifies for Enhanced Federal Match with CMS OBC EVV Certification:**
- 90% Implementation
- 75% Program Fees
Sandata Solution Overview

Visit Capture EVV
Multiple available EVV technologies ensure real-time visit data and verification is always available and captured at the point of care.

EVV Portals
Users can view visit data through an easy-to-use user interface to monitor activity and make visit capture corrections as required.

Aggregator Portal
Collates and normalizes all EVV data against your business rules, regardless of which system they use.

Claims Validation
Ensures only clean claims are submitted for payment, and minimally burdensome for providers.

Oversight & Analytics
Business Intelligence that provides access to key metrics at a summary and detail level.
EVV Portal

The EVV Portal is where approved users can view visit data through an easy-to-use interface to monitor activity and make corrections to visits as required.

- Real time monitoring of visit data across your provider network
- Business Rules ensure all program requirements are captured
- Easy portal access for providers to review and make corrections to visit data
- All edits/corrections are tracked using a full audit trail
- Operational reporting tools to promote efficiency

Point of Care and Visit Verification solutions ensure business rule alignment which drive clean claims.
Electronic Visit Verification (EVV)
Sandata Mobile Connect (SMC)

**Mobile Connect** meets your workers and members where they are to ensure an easy-to-follow experience.

- Sandata offers SMC as primary method of EVV
- Caregiver Bring Your Own Device Model
  - Available on iOS / Android
- Works Connected or Disconnected (“Offline”)
- Captures GPS at the Start and End of the Visit only
- Supports multiple languages (for the worker and member) to support diverse needs
- Can be configured to capture additional data elements, such as member verification of visit and tasks.

Multiple Point of Care solutions verify visits in urban and rural settings and support multiple languages; increasing provider and caregiver adoption and compliance.
Electronic Visit Verification (EVV)
Telephonic and Fixed Visit Verification (FVV) Device

**Telephonic Visit Verification** supports workers that do not have access to a mobile device.

- Workers dial a toll-free number from the Member’s home phone
- **Automatic Number Identification** (“ANI”) works like 911 to identify Individual and location of care and is matched to a valid phone number on the Client record
- Use separately or with Mobile Connect to ensure coverage
- Multiple languages to support diverse needs
- Same configuration options as SMC

**Fixed Visit Device (FVV)** is available for provider purchase or lease when no other EVV method can be used.

Multiple Point of Care solutions verify visits in urban and rural settings and support multiple languages; increasing provider and caregiver adoption and compliance.
How To Start EVV With Sandata

Providers who choose to use Sandata’s free EVV solution should:

- Access the Training webinars and self-help videos (under Provider Meetings and Trainings on EVV website)
- Contact Provider Support at 855-940-4915 to get access to your Welcome Kit.
  The Welcome Kit has your credentials to the Sandata EVV Portal.
- Enter your employees into EVV Portal
  - Click Mobile user so the temporary password is sent to your employee for Sandata Mobile Connect (SMC)
  - Provide your employees with SMC Training (training videos available above)

Providers only providing Home Health Services – stay tuned for additional information on timeline and training.
Self-Paced Recorded Webinars

Links to the Self-Paced Recorded Webinars can be found here.
Sandata Short Videos

SCHEDULING

Creating a Schedule for a Single Day

Creating Schedules for Multiple Days

Rescheduling a Visit

Cancelling a Visit

Remove or Replace an Employee on a Schedule

Creating a Recurring Schedule Template

Copying a Recurring Schedule Template

Generating Recurring Schedule Templates

Links to the Self-Paced Recorded Webinars can be found [here](#).
Aggregator Portals

Sandata’s Aggregator accepts data from approved third-party systems and applies standardized business rules to normalize all program data, ensuring consistency and transparency across the network.

- The Aggregator will house ALL EVV Program data
- Allows providers to continue using their current EVV systems (Alt EVV Providers) and send data to the Aggregator
- Alt EVV Providers have view only portals to see their program EVV data that will be used by the State for reporting and claims validation
  - Only Aggregator Training is needed for Providers with an Alt EVV solution. Contact support for this training.
- State has Aggregator Portal to support oversight and reporting

Providers focus on care for your recipients, we handle the technical details with vendors. This approach drives adoption and minimizes disruption for your clients.
Common Observations

Top 5 Exceptions:

- **Unscheduled Visits**
- Visits without Out – Calls
- Missing Service (mainly from TVV)
- Unknown Client
- Unknown Employees

<table>
<thead>
<tr>
<th>Exception</th>
<th>Nov-21</th>
<th>Dec-21</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sandata</td>
<td>Alt EVV</td>
</tr>
<tr>
<td>Unscheduled Visits</td>
<td>178,343</td>
<td>14,275</td>
</tr>
<tr>
<td>Visits Without</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-Calls</td>
<td>60,028</td>
<td>302</td>
</tr>
<tr>
<td>Missing Service</td>
<td>72,002</td>
<td>4</td>
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<tr>
<td>Unknown Clients</td>
<td>64,740</td>
<td>4</td>
</tr>
<tr>
<td>Unknown Employees</td>
<td>52,455</td>
<td>209</td>
</tr>
</tbody>
</table>
Best Practices for Successful EVV outcomes

Quick Tips from the Sandata perspective:

- Schedule all visits.
- Train and support staff on Sandata Mobile Connect.
- Ensure you have an STX number for each Medicaid ID and are logging services/billing under correct number.
- Clear exceptions to make visits verified to be matched to claims (before billing is submitted).
- Review all self-paced videos and recorded webinars for a refresher training.

If using an Alternate EVV Vendor:

- Complete aggregator training and access the aggregator to ensure your visits are coming over from your Alternate EVV vendor. Aggregator is a read-only system, so changes must be done in the source system.
Sandata Provider Support

Sandata Provider Support:

- **NCCustomerCare@Sandata.com** or 855-940-4915
  - Troubleshooting EVV, SMC, TVV, FVV
  - Welcome Kits

- **NCAltEVV@Sandata.com** or 844-289-4246
  - To register your Alternate EVV vendor
  - Vendors have not begun testing
  - Receive your production credentials to the Aggregator

As a reminder, Agency Admins provision access for additional EVV portal users and can reset passwords for EVV and SMC if the “reset password” function does not work.
LIVE CHAT is available in the EVV Portal
EVV Program Monitoring

Linda Rascoe
Senior Policy Analyst
EVV Program Manager
Overview of EVV Program Monitoring

1) **Contract Administration**
   - Deliverables
   - System functionality
   - Responsiveness and Outcomes
   - Monitoring and Oversight

2) **Compliance of the Other Payer Types**
   - PHP
   - LME/MCOs
   - Alt EVV Completion of SLAs and Amendments to vendor contract for oversight
   - ServiceNow

3) **Provider Compliance**
   - Monitoring exceptions
   - Thresholds of hardship groups and tracking improvement
   - Targeted outreach to providers
Top 5 Visit Exception Trends - Sandata

<table>
<thead>
<tr>
<th>Category</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unscheduled Visits</td>
<td>163</td>
<td>156</td>
<td>178</td>
<td>173</td>
</tr>
<tr>
<td>Missing Service</td>
<td>85</td>
<td>80</td>
<td>72</td>
<td>73</td>
</tr>
<tr>
<td>Unknown Clients</td>
<td>78</td>
<td>70</td>
<td>65</td>
<td>64</td>
</tr>
<tr>
<td>Visit w/o Out-Call</td>
<td>71</td>
<td>65</td>
<td>65</td>
<td>81</td>
</tr>
<tr>
<td>Unknown Employees</td>
<td>63</td>
<td>58</td>
<td>58</td>
<td>53</td>
</tr>
</tbody>
</table>
Provider Survey Results

Gulzhan Baidildayeva
LTSS Care Transition Consultant
NC Medicaid | Home Health Provider Assessment of EVV System Utilization Survey
Survey period: December 17, 2021 - January 15, 2022. Survey was published on NC Medicaid EVV website and distributed to PHPs, HH Providers and the NC Association for Home & Hospice Care (AHHC).

To assist NC Medicaid in the understanding of which EVV systems are currently being used in the state and how the use of EVV is working for providers.

An online method of data collection was used for the 14-question survey. The first six questions gathered contact information about agencies.

Total number of respondents: 89
What service(s) does your agency provide?

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCS</td>
<td>63</td>
</tr>
<tr>
<td>CAP/DA</td>
<td>56</td>
</tr>
<tr>
<td>CAP/C</td>
<td>48</td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
</tr>
<tr>
<td>Home Health</td>
<td>17</td>
</tr>
</tbody>
</table>

![Circle chart showing service distribution]

- Home Health: 17
- PCS: 63
- CAP/DA: 56
- CAP/C: 48
- Other: 29
Prior to receiving this communication, were you aware of the Federal 21st Century Cures Act Requirement for Medicaid providers to start using an EVV system to document services?

<table>
<thead>
<tr>
<th></th>
<th>ALL PROVIDERS</th>
<th>HOME HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>3 3%</td>
<td>3 18%</td>
</tr>
<tr>
<td>YES</td>
<td>86 97%</td>
<td>14 82%</td>
</tr>
</tbody>
</table>
Does your agency currently use an EVV system or process for your employees?

**ALL PROVIDERS**

- Yes, 83, 93%
- No, 6, 7%

**HOME HEALTH**

- Yes, 13, 76%
- No, 4, 24%
What system or vendor do you use for EVV?

- Sandata: 34
- HHA Exchange: 16
- OnTarget: 7
- TherapServices: 6
- No Vendor: 6
- Barnestorm: 4
- SembraCare: 3
- Axis Care: 2
- eRSP: 2
- Kaleidoscope: 2
- Less than 2:
  - Ancota: 1
  - Aveanna: 1
  - Caretime Application: 1
  - Caregiver APP by GT: 1
  - CareWhen: 1
  - Clearcare: 1
  - Complia Health: 1
  - ContinueLink: 1
  - CubHub: 1
  - Generations: 1
  - Geoh: 1
  - Maxim Healthcare: 1
  - Riversoft: 1
  - Setworks: 1
  - Smartcare: 1
  - Welligent: 1
  - WellSky/ClearCare: 1

No vendor: 6
Less Than 2: 16
HHA Exchange: 16
OnTarget: 7
TherapServices: 6
No Vendor: 6
Barnestorm: 4
SembraCare: 3
Axis Care: 2
eRSP: 2
Kaleidoscope: 2
Less than 2:
How is it working for your agency?

**ALL PROVIDERS**

- Issues: 42 (47%)
- No issues: 47 (53%)

**HOME HEALTH**

- Issues: 5 (30%)
- No issues: 12 (70%)
What are the issues?

- Devices 3%
- Billing 28%
- Manual Fixing 16%
- System 45%
- Training 2%
- Support 3%
- Location 3%
Questions & Next Steps

Checklist - Henry Johen
LTSS Care Transition Consultant
Post Meeting Evaluation – Gulzhan Baidildayeva
Closing Remarks – Linda Rascoe
In compliance with Section 12006 of the 21st Century Cures Act (the Cures Act), P.L. 114-255 was added to Section 1903(l) of the Social Security Act (SSA). Section 1903(l) requires the use of an EVV system for Personal Care Services (PCS) and Home Health Services (HHS) that require an in-home visit by a provider for states participating in the Medicaid program.

Programs subject to the EVV requirement include State Plan Personal Care (PCS) [In-Home], Community Alternatives Program for Children (CAP/C), Community Alternatives Program for Adults (CAP/DA), self-directed personal attendant care services, Innovations Waiver, TBI Waiver, Home Health Care Services (HHS) and the 1115 Managed Care Demonstration Waiver.

<table>
<thead>
<tr>
<th>Federal Required Data Elements</th>
<th>Choose Your EVV Deployment Mode System</th>
<th>Methods to Capture EVV Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Type of service</td>
<td>□ Sandata - NC Open Model Vendor</td>
<td>□ Mobile App (Preferred Method)</td>
</tr>
<tr>
<td>□ Individual receiving the service</td>
<td>□ HHAeXChange</td>
<td>□ Telephony</td>
</tr>
<tr>
<td>□ Date of service</td>
<td>□ CareBridge</td>
<td>□ Manually</td>
</tr>
<tr>
<td>□ Location where the service was delivered</td>
<td>□ Alternate EVV Vendors (Alt EVV)</td>
<td>□ FVV (fixed visit verification device) - FOB’s</td>
</tr>
<tr>
<td>□ Individual provider</td>
<td>□ Home Health Care Services (HHS)</td>
<td></td>
</tr>
<tr>
<td>□ Time service began and ended</td>
<td>(Coming January 1, 2023)</td>
<td></td>
</tr>
</tbody>
</table>
# Preparing for EVV

## Step 1: Do Your Research to Learn
- Federal Rule/Regulations (link)
- EVV vendors
- Do a caregivers need to use EVV?
- How will the change affect you, the beneficiary?
- How does EVV work?

## Step 2: Make A Plan for Implementation
- Include staff roles
- Set dates and timeline
- Check the requirements
- Purchase any needed software or technology

## Step 3: Execute
- Schedule multiple trainings with your managers and staff
- Start reviewing how all this fits together in your agency
- Be sure to have all Federal EVV Data Requirements for each visit
- Coordinate with your assigned health plan to identify how to submit claims for billing
### Practices for Preventing Occasional EVV Errors

<table>
<thead>
<tr>
<th>Additional Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>All EVV data elements must be collected and documented.</td>
</tr>
<tr>
<td>Assure you are registered as a provider.</td>
</tr>
<tr>
<td>Avoid manual entry of visits.</td>
</tr>
<tr>
<td>Be sure that staff understand how to enter information for their visits.</td>
</tr>
<tr>
<td>Be sure to identify which service you’re providing.</td>
</tr>
<tr>
<td>Check the appropriate codes.</td>
</tr>
<tr>
<td>Find out how long does it take to get enrolled with your vendor.</td>
</tr>
<tr>
<td>Learn from the vendor you selected.</td>
</tr>
<tr>
<td>Make sure your system transfers the required data for payment.</td>
</tr>
<tr>
<td>Use the appropriate amount of units based on the visit.</td>
</tr>
<tr>
<td>Participate in all EVV trainings and review trainings on websites.</td>
</tr>
</tbody>
</table>
## Technical Requirements

<table>
<thead>
<tr>
<th>Technical requirements needed to use Sandata system</th>
<th>If a Provider chooses to use an Alt EVV vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Make sure your account is on the provider's file for Sandata</td>
<td>- Call Alt EVV Support 844-289-4246 or email <a href="mailto:NCAIIEVV@Sandata.com">NCAIIEVV@Sandata.com</a></td>
</tr>
<tr>
<td>- Please take the webinar trainings and self-paced videos in EVV Provider Agency Training Video Library</td>
<td>- Include all MIDs (Medicaid ID Numbers)</td>
</tr>
<tr>
<td>- After training, please contact the Sandata Provider support line 855-940-4915</td>
<td>- Provider contact information</td>
</tr>
<tr>
<td>- Provider Support will give you access to your Welcome Kit and the log-in credentials for your account.</td>
<td>- Vendor contact information</td>
</tr>
</tbody>
</table>
Questions and Next Steps

• Post Meeting Evaluation – Gulzhan Baidildayeva
• Closing Remarks – Linda Rascoe