NC Department of Health and Human Services

Stakeholder Presentation – Electronic Visit Verification (EVV) – Phase II Readiness (April 1, 2021)

March 9, 2021
Agenda

- EVV Implementation Updates
  - Current Medicaid Bulletins
  - EVV Command Center
  - Sandata Customer Care
  - Alternate EVV
  - Utilization – Visits logged
  - Community Alternatives Program (CAP) Updates

- Phase II
  - Effective April 1, 2021
  - EVV Exceptions
  - What is a verified visit?
  - Manual Visits
  - EVV Billing

- Next Steps
EVV Implementation Updates

NC Medicaid EVV Webpage


Medicaid Bulletin Updates

- EVV Update: Alternate EVV Solution deadline for Compliance
  https://medicaid.ncdhhs.gov/blog/2021/03/04/electronic-visit-verification-update-alternate-evv-solution-deadline-compliance

- EVV Update: Implementation Flexibilities
  https://medicaid.ncdhhs.gov/blog/2021/02/03/electronic-visit-verification-update-implementation-flexibilities
EVV Implementation Updates

EVV Command Center

- Medicaid.EVV@dhhs.nc.gov
- Sandata
NC Medicaid’s Electronic Visit Verification (EVV) system launched on Jan. 1, 2021, for State Plan Personal Care Services and Community Alternatives Programs for Children and Disabled Adults (CAP/DA and CAP/C). The Medicaid.EVV@dhhs.nc.gov inbox was created for providers to submit questions on the EVV implementation to the State and receive answers.
Most of the questions from providers were on EVV Logistics and the Sandata EVV solution. This remained consistent the first 3 months.
Customer Care
Sandata
Customer Care Overview

• Approximately 200 calls per week are coming into the Customer Care support line for the NC Program.
• We remain dedicated to quick response times.
• 3 options to communicate with Customer Care: Phone, Chat, E-mail

<table>
<thead>
<tr>
<th>Provider Support</th>
<th>Alternate EVV Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>855-940-4915</td>
<td>844-289-4246</td>
</tr>
<tr>
<td><a href="mailto:NCCustomerCare@Sandata.com">NCCustomerCare@Sandata.com</a></td>
<td><a href="mailto:NCAItEVV@Sandata.com">NCAItEVV@Sandata.com</a></td>
</tr>
</tbody>
</table>
Chat with Customer Care In EVV Portal
Ticket Escalation Process

**Tier I Support**
First Call Resolution 80-90%
- Tier I documents request, if unable to resolve;
- Escalate to Tier II
- Time frame – Immediate escalation

**Sandata Tier II**
95%Handled by Tier II
- Evaluates ticket, resolves, performs outreach and advises Tier I via email
- Tier II will forward to Tier III if beyond scope of Tier II (ticket is updated at each stage. Tier II will reach out to requestor
- Time Frame – Will be acknowledged & reviewed same business day

**Sandata Tier III**
5% escalated to Tier III
- Reviews ticket within 2 days - (Issue dependent)
- Forwards the ticket with the resolution to Sandata Tier II
- Time Frame – Issue dependent
Top Calls Received

• Scheduling Support
• Visit Maintenance – Exception Support
• Missing Authorizations
• Data Entry – Create Employee
• Welcome Kit Support
• Unlock EVV Account/Password Reset
Additional Tools

• Online EVV manual in the EVV portal

• NCDHHS Sandata EVV Training Supplemental Materials Guide – Can be found under the Provider Meetings and Trainings on the NC EVV website
Self-Help Videos

- [https://fast.wistia.net/embed/channel/6ugjp809ix](https://fast.wistia.net/embed/channel/6ugjp809ix)
- 7 Recorded Webinars
- 74 shorter videos
EVV Implementation Updates
## Alt EVV Testing Update – March 9, 2021

<table>
<thead>
<tr>
<th>Testing Credentials Issued</th>
<th>Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers represent the total number of vendors that have been issued testing credentials and their associated providers</td>
<td>48</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Passed Testing Validation</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers represent providers that have vendors who passed validation and are awaiting their production credentials</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Testing Checklist Pending</th>
<th>Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers represent the number of vendors still needing to conduct or finish validation testing</td>
<td>27</td>
</tr>
</tbody>
</table>

### Alternate EVV Support:
NCAltEVV@Sandata.com
844-289-4246
EVV Implementation Updates

EVV Utilization

- Currently there are 1677 Providers subject to EVV with Active Prior Authorizations. There are currently 1303 Providers utilizing the Sandata system that are logging visits in in the system and 77 Alt EVV vendors who are sending visits to Sandata Aggregator.

- A total of 1380 Providers are logging visits and those visits are in the Sandata solution.

- There are a few hundred agencies who are utilizing Alt EVV vendors, but their visits are not currently being sent to Sandata.
EVV Implementation updates

EVV Utilization

If you are an agency using an Alt EVV system, log into the Sandata aggregator to ensure your visits can be successfully seen in Visit Review.

Providers are to confirm that they can view visits in Sandata when they receive their production credentials. If you cannot see your visits, contact your Alt EVV immediately and contact Sandata Alt EVV at NCAltEVV@Sandata.com.
EVV Implementation Updates

Community Alternatives Program (CAP) Updates
Community Alternatives Program (CAP)

- 1915(c) waiver authority allows flexibility in how EVV mandates are reported for specific types of enrolled waiver participants:
  - Waiver participants who have a paid live-in caregiver
    - The flexibility is for the paid live-in caregiver not the waiver participant
  - Waiver participants who are directing their care using consumer-directed services
Community Alternatives Program (CAP)

- Paid live-in caregiver
  - a person who lives in the same household as the waiver participant and is hired and paid by an in-home aide or home health agency or through the consumer direction program to assist with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
  - visits of a paid live-in caregiver is not reported in the EVV solution or the State’s aggregator
Community Alternatives Program (CAP)

• Verification of a paid live-in caregiver
  – shares the same address as the waiver participant
  – two supporting pieces of evidence
    • one of which must be a driver’s license or another valid photo ID
    • the other supporting evidence:
      • a utility-type or credit card statement/bill,
      • a residential lease agreement,
      • school enrollment forms if enrolled in school or graduated from school within the past three (3) months, or
      • an acceptable piece of evidence approved by NC Medicaid at the request of the provider
  – an attestation statement of the paid live-in status to be included with the employment agreement, confirmed initially & annually
Community Alternatives Program (CAP)

• Consumer directing waiver participants
  – flexibility in how services are planned and rendered
    • date and times the service begins and ends
    • location the services were provided
  – EVV requirements that must be reported per the 21st Century Cures Act:
    • the approved in-home aide or pediatric nurse aide service listed on the POC; and
    • the person who has been hired to provide the in-home aide or pediatric nurse aide service
Community Alternatives Program (CAP)

• Waiver participant or their designee is the employer of record

• Support for consumer directing waiver participants
  – manual updates to visits from a completed and signed paper timesheet
  – Waiver funds to assist with the purchase of a mobile device, fixed visit verification device or a laptop/computer/tablet to record visits
  – Waiver funds to pay for training/education in how to use electronic devices
Phase II – April 1, 2021
Phase II

Effective April 1, 2021 – Claims submitted to NCTracks with a date of service April 1, 2021 or after will require EVV data for dates of service billed prior to adjudication.

Sandata transmits all EVV data to NCTracks for claims adjudication.

Providers utilizing an Alt EVV solution should confirm with your solution that your agencies EVV data is currently being sent to Sandata.
Phase II

Visit Exceptions - 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.

A visit with one or more exceptions has an ‘incomplete’ status, which will impact billing. Clearing or resolving all exceptions on an incomplete visit, updates the visit status to ‘verified’. A visit with the status of verified, means there are no exceptions.

This information and more is available on the NC Medicaid EVV Webpage under Provider Meetings and Trainings – NCDHHS EVV Supplemental Training Materials

<table>
<thead>
<tr>
<th>Exception</th>
<th>Description</th>
<th>Setting</th>
<th>Parameter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invalid Service</td>
<td>This exception occurs when the service selected for a visit is not valid for the program / recipient of care.</td>
<td>Fix</td>
<td>n/a</td>
</tr>
<tr>
<td>Missing Service</td>
<td>This exception occurs when the service provided during a visit is not recorded or present in the system.</td>
<td>Fix</td>
<td>n/a</td>
</tr>
<tr>
<td>Unknown Client</td>
<td>This exception occurs for a visit that was performed for a client that is not yet entered or not found in the EVV system</td>
<td>Fix</td>
<td>n/a</td>
</tr>
<tr>
<td>Unknown Employee</td>
<td>This exception occurs for a visit that was performed by a caregiver who was not yet entered or not found in the EVV system (At the time the visit was recorded).</td>
<td>Fix</td>
<td>n/a</td>
</tr>
</tbody>
</table>
## Phase II – Visit Exceptions

<table>
<thead>
<tr>
<th>Exception</th>
<th>Description</th>
<th>Setting</th>
<th>Parameter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits without In-Calls</td>
<td>This exception occurs when a visit is recorded without an &quot;in&quot; call that began the visit.</td>
<td>Fix</td>
<td>n/a</td>
</tr>
<tr>
<td>Visits without Out Calls</td>
<td>This exception occurs when a visit is recorded without an &quot;out&quot; call that completed the visit.</td>
<td>Fix</td>
<td>n/a</td>
</tr>
<tr>
<td>No Show</td>
<td>This exception occurs when a visit has been scheduled, but no calls have been received for that visit.</td>
<td>Fix</td>
<td>n/a</td>
</tr>
<tr>
<td>Unscheduled Visits</td>
<td>This exception occurs when a visit is started or completed without a schedule in place for that member + service + caregiver.</td>
<td>Fix</td>
<td>n/a</td>
</tr>
</tbody>
</table>
# Phase II

## Verified Visits

A visit status should be in Verified to be eligible for claims payment.

<table>
<thead>
<tr>
<th>VISIT STATUS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scheduled</strong></td>
<td>The visit has not yet occurred and has a scheduled start date/time in the future.</td>
</tr>
<tr>
<td><strong>In Process</strong></td>
<td>The visit is still in progress. Scheduled visits are placed in this status if the scheduled start time has passed or the system has received a call. Unscheduled visits are placed in this status if the system has received a call-in, but not a call out.</td>
</tr>
<tr>
<td><strong>Incomplete</strong></td>
<td>The visit is missing required information. Required information is based on configuration. Missing information is indicated on the visit maintenance grid as exceptions.</td>
</tr>
<tr>
<td><strong>Verified</strong></td>
<td>The visit has no exceptions. A visit in this status is ready to be sent for claims validation.</td>
</tr>
<tr>
<td><strong>Approved</strong></td>
<td>A visit is placed in this status to indicate that the client or user manually approved the visit based on Client Confirmation/Signature or by the user selecting the <strong>Approved</strong> checkbox on the visit details screen.</td>
</tr>
<tr>
<td><strong>Processed</strong></td>
<td>The visit was returned to the adjudication system during claims validation.</td>
</tr>
<tr>
<td><strong>Omit</strong></td>
<td>A visit record marked (by the provider) to be ignored. These visits are not expected to be submitted for billing or claims validation.</td>
</tr>
</tbody>
</table>
Phase II

Manual Visits

Manual Visit Entry – Providers may complete manual visits if SMC, TVV, or FVV was not used to capture visit information.

NC Medicaid is aware that entering manual visits is at times necessary as aides are adjusting to EVV requirement. Manual visits may also be entered if a Provider has a PCS authorization for a client and that client is not yet viewable in Sandata. Once the provider can access the client, manual visits can be entered for visits where the aide provided services but was not able to enter through SMC, TVV, or FVV.
Phase II

Manual Visits

To learn more about how to enter manual visits – visit the NCDHHS EVV Provider Training Page and view the visit maintenance live webinar

https://fast.wistia.net/embed/channel/6ugjp809ix?wchannelid=6ugjp809ix
Phase II

Billing – there are two new edits related to EVV

- **Edit 02077 - ELECTRONIC VISIT VERIFICATION (EVV) NOT ON FILE FOR DOS**
  - For claim lines with a Date of Service on or after 4/1/2021, the edit will pend for 14 days then deny.

- **Edit 02079 - SUBMITTED UNITS EXCEEDS VERIFIED VISIT UNITS FOR THIS DOS**
  - For claim lines with a Date of Service on or after 4/1/2021, the edit will pend for 7 days then cutback units to the sum of the verified units.
# Phase II – Billing

Electronic Visit Verification History Page – NCTRA CKS

<table>
<thead>
<tr>
<th>Description</th>
<th>Web page that allows user to view Electronic Visit Verification History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navigation Map</td>
<td>Provider Portal Home Page &gt; Prior Approval &gt; Electronic Visit Verification History</td>
</tr>
<tr>
<td>Target Users</td>
<td>Providers</td>
</tr>
</tbody>
</table>
Phase II – Billing Q&A

Q. Will Medicaid reject claims that don’t exactly match the hours on the service plan?
A. Claims that don’t exactly match the hours on the service plan will not be rejected.

Q. (PCS -3L) How do I manage the differences in hours from month to month for EVV billing?
A. Providers will adjust their PCS hours monthly as in their current practice. Schedules entered into their EVV should follow the typical week confirmed in your Service Plan. Adjustments are allowed. EVV Billing is based on verified visits and the schedules and data entered into your EVV. Providers should ensure that all visits are verified prior to submitting billing.
Phase II – Billing Q&A

Q. How do I know if the visits captured will allow claims to pay?

A. Ensure that appropriate visits are identified as verified in your respective EVV Portal.
Next Steps

• If you are experiencing any issues with your client’s loading into Sandata or missing clients and have already contacted Sandata Customer Support Team you may send an email to Medicaid.EVV@dhhs.nc.gov Please include all information necessary to troubleshoot including your Sandata Ticket #.

• If you are experiencing issues with the Sandata solution or have questions (855) 940-4915 or NCCustomerCare@Sandata.com

• We will be deploying additional resources to support the EVV Command Center so issues that may impact billing can be escalated. Please ensure that that you have informed Sandata of any solution issues prior to sending your email to the NC Medicaid EVV inbox.

• Medicaid Bulletin will be issued regarding the April 1, 2021 date for EVV and claims adjudication
Resources

- NC Medicaid EVV Webpage

- NC DHHS EVV Provider Training Page
  https://fast.wistia.net/embed/channel/6ugjp809ix?wchannelid=6ugjp809ix
QUESTIONS