

Frequently Asked Questions - Electronic Visit Verification (EVV)

EVV in Managed Care

Q. What waiver programs/services will begin EVV when Medicaid Managed Care launches on July 1, 2021?

Effective July 1, 2021, State Plan Personal Care Services (PCS) Medicaid-only beneficiaries will be managed by the Prepaid Health Plans (PHPs) and are subject to EVV through the PHPs.

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 Program for Children (CAP/C), Community Alternatives Program for Disabled Adults (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 Managed Care go-live on July 1, 2021.

Q. Is EVV required for Adult Care Home residents?

A. Individuals who reside in adult care homes and licensed residential facilities are not subject to EVV requirements.

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

A. Home Health Aide services are subject to EVV beginning Jan. 1, 2023.

Q. Is EVV required for Nurse visits such as supervisory visits and admission?

A. EVV is not required for nurse visits.

General EVV Questions

Q. How do we obtain a copy of presentations and recordings?

A. Meeting presentations and recordings are available on the [NC Medicaid EVV webpage](#) under Meetings and Trainings.

Q. Where can a schedule of Stakeholder's Meetings be found?

A. Stakeholder Meetings are posted on the [NC Medicaid EVV webpage](#).

Q. Where can NC Medicaid's requirements for EVV be found?

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

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. How do providers use the Sandata Aggregator system?

A. Aggregator training is sent to providers when the Alt EVV process is initiated. We recommend completing the training to ensure you are prepared for Jan. 1, 2021. Software updates to the Sandata Aggregator occur once a month and downtime is minimal. There is nothing the user will need to do to update the system.

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. Will Medicaid have a standard EVV consent form for all providers to use as part of the EVV implementation or will providers use their own form?

A. NC Medicaid will issue an EVV Attestation for all providers subject to EVV. Providers will attest that they have informed all of their beneficiaries who are subject to EVV of the requirement and maintain this attestation in their records.

Q. When will proposed changes to Clinical Coverage Policy 3L be effective?

A. Changes to the clinical coverage policy to reflect the EVV requirements will be effective Jan. 1, 2021. Changes to the language were shared during Virtual Regional Training Sessions and are now posted on the [NC Medicaid EVV webpage](#).

Q. What is a fixed visit verification device?

A. In situations where neither the mobile application nor the toll-free telephony solution are 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" 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 the providers and will be responsible for delivering EVV data to NC Medicaid to comply with EVV

requirements. Please note that providers choosing to use a third-party or alternate EVV system may incur a cost from the vendor for that EVV system and the interface to NC Medicaid's EVV system.

Implementation

Q. If providers use a third-party vendor (their EHR vendor) is GPS confirmation required in North Carolina?

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/plan of care 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 Program for Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA)]. 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 will provide services through the PHPs, they will be subject to their requirements for EVV implementation.

Q. When will the EDI training be for those providers using their own EVV vendor?

A. A third-party alternate EVV system meeting was held on Nov. 12, 2020. The presentation, recording, and Alt EVV addendum and specifications are available on the [NC Medicaid EVV webpage](#) under Provider Resources and Service Codes

Q. What do providers need to complete by Jan. 1, 2021, for EVV implementation?

A. Providers were required to complete the [Provider Survey](#) regarding their EVV vendor. If they 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 to begin the registration process with Sandata. Registration is now open.

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. 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.

Q. How long does it typically take to implement EVV?

A. EVV implementation time varies from state to state. NC Medicaid is committed to implementing EVV with the requirements needed to meet the 21st Century Cures Act Section 12006 by Jan. 1, 2021, and ensuring implementation of EVV is minimally burdensome to Medicaid beneficiaries and providers. Also, Medicaid Providers who render authorized services will be paid for those services.

Q. When will QiReport Service Calendars be due?

A. Effective Jan. 1, 2021, providers will begin completing Service Calendars as the next step in completing the service plan for any scenario a service plan is needed. This includes new authorizations, annuals, and revisions. Service Calendars are not required prior to Jan. 1, 2021.

Q. Since QiReport Service Calendars are not due until a new service plan or revision is needed, will providers not use EVV for those beneficiaries until that time?

A. All beneficiaries subject to EVV must be set up in the respective EVV solution and ready for EVV visit verification by Jan. 1, 2021. Providers using Sandata will enter their EVV Aide schedules into the Sandata solution based on the beneficiary's current service plan/POC authorization.

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. to 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.

Q. Does this monthly service plan allocation of time apply to beneficiaries who live in group homes and receive PCS services from the staff who work in the group homes?

A. Beneficiaries who live in group homes and receive PCS services from staff are not subject to EVV.

Billing

Q. Will there be a grace period for working out problems before billing is connected with EVV clock in/out for Aides?

A. NC Medicaid's EVV system will launch on Jan. 1, 2021, for State Plan Personal Care Services, CAP/DA and CAP/C. During the first 90 days following launch, we will operate EVV as "Pay and Report." This means claims will not pend based on failed validation. NC Medicaid will give providers from Jan. 1, 2021, through close of business March 31, 2021, to adjust to EVV implementation. During this period, if a claim fails validation, the system will generate a report of the validation issue and allow the provider to correct the issue. If the validation issue is not resolved and corrected in 90 days, the payment may be subject to recoupment.

Q. Will the EVV launch date of Jan. 1, 2021 be based on date of service or date of billing?

A. Visits for dates of service beginning Jan. 1, 2021 should be logged into an EVV system.

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 that don't exactly match the hours on the service plan will not be rejected.

EVV Logistics

Q. What happens if someone forgets to clock out? What is the process of getting this corrected?

A. Within the Sandata system, if a caregiver forgets or is unable to clock out of a visit, the provider agency staff will be able to review and correct that visit within the EVV web portal. 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 then that visit will be updated to reflect the alteration.

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 WiFi 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 WiFi 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 WiFi 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. NC Medicaid will issue additional information on FVV purchase the coming weeks.

Q. How much data is transmitted at each visit, check-in, check-out?

A. While the size of a visit can vary depending on the notes and details supplied by the caregiver during the visit, the size is typically very small, less than 200kB. 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 WiFi signal to avoid using individual caregivers' data plans.

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. Who is the technical IT contact for 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 are 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. Will providers clock in through Sandata and telephony for that agency, meaning two clock-ins?

A. NC Medicaid and Sandata cannot speak to the specific policies, systems, or guidance that individual provider agencies define for their staff. The Sandata EVV system does require the caregiver to record the start and end times for their visits in one of the EVV visit capture tools. This is intended to be a quick process for the caregiver, taking very little time to capture.

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. Is full export capability available for QiReport?

A. At this time, full export capability is not available for QiReport.

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's 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.

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 Aides’ device.

Q. Can the Telephone option be a cellphone?

A. Sandata’s Telephony option is for a landline phone and must be the landline of the beneficiary.

Community Alternatives Program and Innovations Waiver

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. Schedules can potentially change daily depending on the needs of waiver beneficiaries. Is this going to cause an issue?

A. An initial and annual CAP service plan that includes a plan of care (POC) is developed with the waiver participant. The POC identifies the needs of the waiver participant as well as the dates and times services are needed and the identified tasks that should be completed during each in-home visit. Because of the acuity needs of the CAP waiver participant, service needs, times and tasks will change over time. The waiver participant should explain to the provider/caregiver their changing needs so that adjustments can be made to the schedule and tasks to be performed that may occur periodically. However, when needs change permanently, the case manager should revise the POC to reflect the ongoing needs of the waiver participant to reduce the need for daily adjustments or deviations.

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 planned for March 31, 2021.

Q. Will family serving family consumers including RaDSE be exempt from EVV requirements?

A. Family serving family consumers including Relative as Direct Support Employee (RaDSE) will be exempt from EVV requirements.

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.

Using an Alternate EVV System to Sandata EVV (Alt 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. What is the contact information for Alt EVV Vendor Support?

A. Alt EVV Support: NCaltEVV@Sandata.com or (855) 940-4915.

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. Can providers contact the Sandata team directly?

A. Providers can reach out to the 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.

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 the 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) 940-4915 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. Who do we contact to notify Sandata we have a third-party provider?

A. Please send an email to the NCaltdevv@sandata.com informing them of the change to the survey and your selection and then Register for the Sandata Trainings on the [NC Medicaid EVV webpage](#) under Provider Meetings and Trainings.

Q. Will Alt EVV vendor agencies be ready to operate by Jan. 1, 2021?

A. The current timeline is to have production credentials back to providers using an Alt EVV by the end of December 2020. Depending on how soon the vendor submits the testing checklist, Sandata will have those reviewed within 5-7 business days.

Q. When will agencies have access to the specs needed for 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. NC Medicaid will not recommend third-party Alternate EVV Vendors.