2024 LTSS Provider Forum Q&A Session: EVV

Answers provided and vetted by DHB 7/22/2024

Are RN visits excluded from the EVV login requirements? EVV requirements are connected to the service being provided, not to the individual. The services subject to EVV for NC Medicaid Direct can be found on the EVV Medicaid website. List of service codes required for EVV https://medicaid.ncdhhs.gov/evv-service-codes-list/download?attachment

Have they considered the fact that managed care entities enter their authorizations late in the system and we cant put a schedule in so a lit of times we have to go back and manually enter the visits? Manual edits are acceptable in cases where the data is not found in the EVV system, but these edits should be infrequent and documented.

If an aide clocks in and clocks out in error. Can a manual be done? Yes. An edit to the captured data would be needed to correct the error and should be documented.

What if the task code isn't listed? EVV is only required for the services subject to EVV. If the code is not subject to EVV, capturing the data is not required. If the code is subject to EVV, but is not listed, contact the payor or EVV Vendor for assistance. The list of NC Medicaid Direct service codes is found at https://medicaid.ncdhhs.gov/evv-service-codes-list/download?attachment

Is there a portal case managers (CAP/DA) can access to see reports and data to review clock in/out entry?   Each EVV vendor (Sandata, HHAeXchange and CareBridge) has a portal to review the data captured. Providers should reach out the health plan or vendor for instructions.

Is patient/client approval/signature required for EVV for a provider to bill? At this time, a patient/client approval/signature is not an EVV requirement. Agencies may have requirements or procedures for caregivers to receive client approval in their organization, but this is not a NC Medicaid Direct billing requirement. Note: this may be a requirement in the future.

Regarding compliance issues - seeing the codes that require EVV doesn't mention when the paid caregiver is a live-in caregiver which doesn't require EVV. Is that taken into account in the data? We'll need to look more closely at this

Can the EVV system be used for non- Medicaid clients? EVV is specific to Medicaid services.

Aide clocks out 15mins early. Would it be considered manual if I go in the billing screen and adjust the time that the aide worked? The time in the system should reflect the actual time the services were performed. If the time is incorrect, a manual edit to the captured data would be needed to correct the error.

Can a patient elect for a paper timesheet instead of EVV? Electronic visit verification is a federal requirement. The use of a system is required for EVV.

Why is this a negative action? A manually entered visit is defined as one where there is no electronic check-in or check-out, and the visit information is typed in manually. Manually entered records are outside the federally-mandated system as outlined in the CURES Act. Manually-entered

records do not use the intended electronic capture and is more susceptible to fraud, waste and abuse.

Will Sandata be eCAP compatible to include all service PAs in CAP/C and CAP/DA going from eCAP to Sandata? Sandata receives the PAs directly from NCTracks and no changes to this source is planned at this time.

Will providers have to pay out of pocket for EVV connection to Sandata for all CAP codes under CD? There is a free solution for each payer. Sandata offers a free option in NC Medicaid Direct. Providers can opt to pay for additional features but those are not required by the State.

Exactly where in the Sandata Portal can an agency locate their efficiency report? This can be found in your aggregate report. You can reach out to medicaid.evv@dhhs.nc.gov for assistance.

What is auto verified?An auto-verified visit is one that contains all required elements per the CURES Act and contains no errors. If a visit is not in a verified state, the claim will not pay during hard launch.

What do we do when aides forget to call in or call out and we have to modify the visit or edit it? If a call in or call out exception is flagged, the visit will not go into a verified state until the data is entered and the exception is cleared.

Are the provider compliance reports public records? Anything the state has should be considered a public record.

We see a lot of noncompliance with EVV (for example... manual entries, etc.) Could you explain how this system is intended to work to prevent this? Agencies are expected to be compliance with all requirements and are advised that have policies and procedures in place to manage the EVV process. Agencies are responsible for their staff's adherence to these requirements. Staff training related to EVV is covered in the relevant clinical coverage policies section 7.0. Manual edits are available to correct errors but these edits should be infrequent and documented.

What is your suggestion when the application frequently does not work properly? The aide must complete a paper time sheet.   If the application frequently does not function properly, the agency should enter a help desk ticket with the vendor. If the aide is completing a paper time sheet and then manually entering the information, that is a manual edit. This is acceptable in cases there are data capture issues, but these edits should be infrequent and documented.

Can providers of CAP In Home Aide be asked to provide EVV records to case managers who need to verify services? Requesting supporting documents from providers supporting a CAP beneficiary is at the discretion of the case manager and aligns with the monthly monitoring and quarterly multidisciplinary engagement requirements. Providing the reason for the request is promising practices so the provider agency is aware of the need and use of the EVV records.

Will Medicaid eliminate phone call only check ins?There are no plans to eliminate phone call (Telephony) call ins. There are three methods in NC Medicaid Direct to capture the EVV data; SMC - Sandata Mobile Connect Version 2, FVV - Fixed Visit Verification device (FOBS) and TVV Telephony using beneficiaries approved phone.

Will we need to contract with Alliance for Tailored Plans to be able to bill for our NC Medicaid Direct clients and Alliance innovations waiver client? Providers need to contract with all plans with whom they have members in order to bill for services provided to those members.

When is the change happening to include ACH's providing PCS hours for EVV happening? There are currently no plans to require ACHs that provide PCS to utilize EVV.

What do we do when the calls are made but it's not showing up properly in the Sandata system so we have to manually edited it? If there is an issue with data capture, the provider should follow up with their EVV vendor. If there is an issue with Sandata, a help desk ticket with Sandata should be entered.

Are there any consequences to agencies who do not consistently require their workers to use the EVV system. We have learned that the agencies have learned work arounds, for instance some IHAs have been caught clocking in at the clients residence and then leaving, is there any way that the agency can be notified when this has occurred? The EVV team works closely with the Office of Compliance and Provider Integrity (OCPI) and DOJ. Any suspected or confirmed fraud is reported to OCPI for investigation. There are a number of potential consequences to committing fraud. Agencies should have processes and procedures in place and are expected to monitor their staff's compliance with the requirements.

Can we bill RN for home care home visits and assessments and the codes? EVV requirements are connected to the service being provided, not to the individual. The services subject to EVV for NC Medicaid Direct can be found on the EVV Medicaid website. List of service codes required for EVV https://medicaid.ncdhhs.gov/evv-service-codes-list/download?attachment

What's a manual edit? A manually entered visit is defined as one where there is no electronic check-in or check-out, and the visit information is typed in manually.

When Our Aides call in or out with the correct information why do the Sandata call operator will not accept the calls And who do we back bill for clients that didn't come into Sandata the day they have started . But they were serviced even though they haven't showed up in the Sandata system. If there is an issue with data capture, the provider should follow up with their EVV vendor. If there is an issue with Sandata, a help desk ticket with Sandata should be entered. If there is an issue with missing PAs in the Sandata system, a help desk ticket with Sandata should be entered."

The seminar leader said about 70% of EVV submissions are marked as manually submitted / edited. Does that filter out false positives such as editing 8:57am - 12:01pm to say 9am - 12pm for consistency? A manually entered visit is defined as one where there is no electronic check-in or check-out, and the visit information is typed in manually. Updating captured data is not the same. Please note, that the captured data should not be adjusted to "round" the time. The systems are configured to use the rounding rules specified in policy.

On what app does the client/member/beneficiary validate visits? Data capture occurs with the providers selected EVV vendors system. Data validation can be managed in the EVV vendors system associated with the payor source. (NC Medicaid Direct = Sandata, All health plans except Healthy Blue = HHAeChange, Healthy Blue = CareBridge

What is a solution for unset EVV visits that are using the preferred method of verification such as smc that data aren't being collected and providers have to create a manual entry? Providers should contact Sandata about the purchase or lease of FOBS. If a provider experiences an issue with their data capture device, they should follow up with their contracted EVV vendor.

Can beneficiaries have both CAPDA and the Tailored plan? Enrollment in CAP/C or CAP/DA excludes the individual from enrollment in managed care.

My EVV system, we already obtain patient and employee signatures daily at end of shift. Also, we are able to document task not done and why and does Sandata offer that feature? We have Sembracare. To follow up about the features Sandata offers, providers should contact Sandata directly.

How often are providers audited? The EVV team is not auditing anyone. There is a monthly monitoring program through EVV unit to monitor for compliance and educate providers.

Will there be a time where you cannot do manual edit? If so when? Allowing manual edits is expected to continue in order to correct errors but these edits should be infrequent and documented.

EVV is the training mandatory for staff upon hire and annually to take a written test and have a certificate on file? Also patient should be educated on EVV and sign a document verifying education and acknowledgment? The requirements for staff training and client notification is covered in the relevant clinical coverage policies section 7.0

Will Medicaid be looking at a EVV threshold for compliance on self direction programs in the future? CAP Team to respond.

Is Nurse attendant care and Nurse respite EVV required on CAP/C self direction? Nurse attendant care does not require EVV. Visit data for respite is required for EVV.

Will the Tailored Plans still use Sandata for EVV? All the Tailored Plans are contracted with HHAeXchange as their vendor. Providers may select their desired data capture EVV vendor but if that member is enrolled in a Tailored Plan, that data will flow to HHAeXchange for that plan.

What counties are in-network and what counties are not? The map showing the counties in each catchment area for the Tailored Plans can be found here:
https://www.ncdhhs.gov/providers/lme-mco-directory

Will providers have to pay out of pocket for EVV connection to Sandata for all CAP codes under CD? There is a free solution for each payer. Sandata offers a free option in NC Medicaid Direct. Providers can opt to pay for additional features but those are not required by the State.

Is the state's free EVV provider, Sandata, compatible with eCAP to include all service PAs in CAP/DA and CAP/C to go from eCAP to Sandata? If not, when will it be? Sandata receives the PAs directly from NCTracks and no changes to this source is planned at this time.

Can an EVV app which can capture signatures, electronic timesheet, be used instead of a paper timesheet? EVV is a federal requirement for services subject to EVV. How an agency develops their internal processes is not specified in that requirement.