

interChange Provider Important Message

Welcome to the Connecticut Medical Assistance Program Electronic Visit Verification Implementation Important Message

(Last updated on 7/3/2017) Please note: Revised data will appear in red.

EVV Implementation Overview

The Department of Social Services (DSS), their MMIS contractor DXC Technology, and Sandata Technologies Inc. have successfully implemented Electronic Visit Verification (EVV) in the CT Medical Assistance Program (CMAP). The benefit of EVV is to reduce burdens by eliminating the use of manual time sheets, facilitate real-time communication about changes in client health and other status between clients, caregivers and care managers, ensure that the clients receive the services they are authorized to receive and that DSS is billed for only those services provided.

Throughout the implementation of EVV, many enhancements and improvements to the EVV system were made based on provider feedback. Among the enhancements and improvements made were the increase of time tolerance to reduce check-in/-out exceptions, the ability to schedule visits without a prior authorization, the addition of additional optional service codes, and the ability to capture as many client service locations as needed. DSS continues to welcome comments and feedback from the provider community to improve the EVV program. DSS has been, and will continue to be, transparent with its rationales, intent and dissemination of information in and around this program.

This Important Message will provide up to date information on the EVV program. Providers are encouraged to visit this site often to obtain the most current information published to the provider community.



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Fully Implemented EVV for Non-medical and Home Health Services

The Department of Social Services successfully implemented the Electronic Visit Verification (EVV) program for both non-medical service agencies and Home Health agencies. Non-medical service agencies implemented EVV on January 1, 2017 and Home Health agencies implemented EVV on April 3, 2017. Providers who service Acquired Brain Injury (ABI), Connecticut Home Care (CHC) and Personal Care Services (PCA) waiver clients **must** use EVV when providing EVV mandated services to ABI, CHC and PCA Waiver clients and use EVV to export claims for adjudication. For a list of EVV mandated and optional services please see the “EVV Service Code Listing” document found under the “General Information and Questions” subheading below.

Claims for EVV mandated services not submitted via the EVV system for services performed after the implementation dates and forward will deny with **Explanation of Benefits (EOB) code 0630 - “Claim Must Be Submitted Via EVV System”**. As a result, providers will not be reimbursed for these services until they are submitted via the EVV system.

The payroll function is not a part of the CT DSS EVV program and no additional payroll modifications will be made to the Santrax system. Agencies can purchase a payroll service from Sandata Technologies if they so desire. To do so please contact Sal Sparacino (ssparacino@sandata.com) at Sandata to get additional information. Please Note - Use of a payroll service may incur fees from that payroll vendor that are not covered in the implementation of the EVV program and are not paid for by DSS.

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IMPORTANT NOTICE REGARDING WHO TO CONTACT WITH QUESTIONS/ISSUES:

Providers may have questions about who to contact regarding EVV related issues. If after reviewing the information below you are unsure who to contact for assistance, please send an e-mail to ctevv@dxc.com. You are also encouraged to send an e-mail the ctevv@dxc.com mailbox if you feel you need additional support resolving your issue. Please be sure to include your Sandata ticket number if applicable.

If you are missing a client from your Santrax system or have clients that you are unfamiliar with, please send a secure email to ctevv@dxc.com.

If a prior authorization (PA) is present on the www.ctdssmap.com portal but is not present in the Santrax system, please send an email to ctevv@dxc.com.

If you are experiencing issues with the Santrax system and its functionality please contact Sandata Customer Care They can be reached at 1-855-399-8050 or by email at ctcustomer@sandata.com.

Important: Do not email client identifying data unless you encrypt your e-mail.

IMPORTANT NOTICE REGARDING STAFF SETUP IN SANTRAX SYSTEM: DSS

requires only the last 5 digits of the staff member's SSN. Please use the example below as a reference when entering staff SSN.

Example:

Staff SSN is 123-45-6789

Providers will enter into Santrax: 000-05-6789

In the unlikely situation that a provider agency has multiple staff members that share the same last 5-digits of their social security numbers, the provider would enter the second staff member's SSN and increment the first digit of from a 0 to a 1.

Example:

Staff Member #1 SSN is: 123-45-6789

Provider will enter into Santrax: 000-05-6789

Staff Member #2 SSN is: 987-65-6789

(note- the last 5 digits are the same as Staff Member #1)

Provider will enter into Santrax: 100-05-6789



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IMPORTANT NOTICE REGARDING EVV RESOURCES: DXC Technology and Sandata have developed a Frequently Asked Questions (FAQ) document which provides answers to many questions received since the initial provider workshop was held in November 2015. Links to the FAQ and workshop presentations are located below. This document is updated frequently and has the most up-to-date implementation information.

Located in the “EVV Service Code Listing” link below are a final list of services which have been implemented in EVV. This list includes both mandated and optional services. The list of mandated services requires providers to utilize EVV. The list of optional services are not mandated, however, DSS encourages providers to use EVV for these services due to the many benefits it provides.

IMPORTANT NOTICE REGARDING PRIOR AUTHORIZATION ALERTS: Providers using the Santrax system now receive an alert notifying them that a Prior Authorization (PA) has been uploaded and/or modified in the Santrax system. These alerts are a one-time popup that appear in the affected client’s record in the “Authorizations” tab, but can be viewed, as needed, in the “Changed Authorization Report” found in the Reports section of the Santrax system. The “Changed Authorization Report” provides a complete list of authorizations by date range.

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Important Documentation

Interface Specifications

[CT DSS EVV Interface Specification Data Mapping](#)

[CT DSS EVV 3rd Party Interface Specification Connecticut Data Mapping](#)

[CT DSS EVV Interface Testing Process](#)

[CT DSS EVV Sandata Standard Interface Specification Schedules](#)

[CT DSS EVV Sandata Standard Interface Specification Schedules -JSON Samples](#)

[CT DSS EVV 3rd Party Interface Specification Schedules](#)

[CT DSS EVV Sandata Standard Extract Completed Visits](#)

[CT DSS EVV Sandata Standard Extract Payroll](#)

Training Publications and Videos:

All providers must complete the mandatory EVV training to request and receive their Welcome Kit. Please follow the directions below to enroll in the Learning Management System (LMS). LMS is a web-based learning system that will provide the training and documentation needed to request and receive your Welcome Kit. Additional training videos are also available for your convenience.

Learning Management System Enrollment Instructions

Learning Management System Website -

[Provider Webinar Recording - Part 1](#)

[Provider Webinar Recording - Part 2](#)

[Provider Webinar Recording - Part 3](#)

[FVV Device Call Process Video](#)

[MVV Check In & Out Process Video](#)

[EVV Call Process Video](#)

If you have already completed training and require a refresher, the PowerPoint slides are below:

[Program Introductory](#)



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[Telephony, MVV and FVV](#)

[System Overview](#)

[Staff Module, Client Module, Scheduling](#)

[Visit Maintenance, Billing and Reports](#)

[Skilled Services](#)

Welcome Kit

[What to do when you get your Database](#)

[CT DSS EVV Caregiver Message to Clients](#)

[Billing Rates](#)

[Provider Checklist](#)

General Information and Questions

[EVV Service Code Listing](#)

[Frequently Asked Questions](#)

[Finalized Reason Code List](#)

[Finalized Task List](#)

[Electronic Visit Verification \(EVV\) Input and Feedback Requested](#)

[Santrax Payer Management System Important Message](#)

[EVV Guidance When Multiple Clients Reside in the Same Household](#)

[Change to Unit of Measure for 1546P-Independent Living Skills Training](#)

[Electronic Visit Verification \(EVV\) Santrax System Important Updates](#)

[24 Hour Live In guidance Related to 8:00am Check-in/Check-out Policy](#)

[Claim Adjudication and Electronic Visit Verification](#)

[Updated Home Health Agency Electronic Visit Verification \(EVV\) Important Updates](#)

[EVV-Santrax Payor Management System Update](#)

[Electronic Visit Verification Implementation Status Update](#)

[Tasks Required for Non-skilled Service Providers in the EVV Santrax System](#)

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FVV

FVV User Guide

FVV Fact Sheet

FVV Acknowledgement Form

FVV Request Form

MVV

CT DSS MVV Supplement

CT DSS EVV MVV User Guide

Job Aid

New Event

TPL

Billing Resubmission

Staff Maintenance

Physician Signature

Live-In Schedules

Hot Topic Training

Mobile Visit Verification Video Recording

Claim Resubmission

Claim Resubmission Video Recording

Getting Ready to Bill

Getting Ready to Bill Video Recording

Visit Maintenance

Visit Maintenance Video Recording

TPL Process

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Publications

[PB17-31 Update to ABN Instructions for the EVV Santrax System](#)

[PB16-98 - Updated: Electronic Visit Verification Refresher Training Invitation](#)

[PB16-56 - Electronic Visit Verification Reporting a Change in Client Condition](#)

[PB16-54 - EVV Caregiver Time Capture Best Practices FVV Request Form](#)

[PB16-44 - Electronic Visit Verification Notification to Clients](#)

[PB16-43 - CT DSS EVV Webinar Based Training](#)

[PB16-41 - EVV Training Important Information](#)

[PB16-33 - EVV Third Party Interface Support](#)

[PB16-29 - EVV Introductory Webinar Registration Now Open](#)

[PB16-23 - Introduction to the Department of Social Services' Electronic Visit Verification Implementation](#)

Archival Information

[Important EVV Implementation Date Update](#)

[EVV - Service Code 1546P Issue Resolved](#)

[Electronic Visit Verification ABN Training Invitation](#)

[TPL Interim Process](#)

[TPL Interim Process Video Recording](#)

[Update: Electronic Visit Verification ABN Training Invitation](#)

Workshop Presentations

[Introductory Webinar](#)

[Introduction to Electronic Visit Verification](#)

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Santrax App Messaging

ImpaCT Conversion and Telephone Numbers (Posted: 4/6/17): DSS is implementing a new eligibility system called ImpaCT. Starting April 8th, clients in the New Britain, Willimantic and Manchester DSS regions will be converted to ImpaCT. As a result, client's home phone numbers may be replaced with a cell number, causing an unknown client exception. In this case, providers will need to temporarily add the client's home phone in another phone numbers field. DSS is targeting a fix to restore the home phone numbers by the end of the month.

Requesting a Phone Number Change Rule Update (Posted: 4/20/17): Effective immediately, all updates to the client's home telephone number must be requested by the client or client representative by contacting the DSS Benefit Center at 1-855-626-6632. Please do not contact the Access Agency for assistance in changing the Home telephone number. Corrections to a client's address should continue to be communicated to the Access Agency responsible for managing the client's care plan. The Access Agency will request the necessary address corrections from DSS.

ATTN: Home Health Providers - Skilled Service Duration (Posted 4/21/17): In an effort to reduce duration exceptions, some Home Health providers have been scheduling visits closer to the expected visit duration. Please note: **visits should not be scheduled for less than 15 minutes in duration.** Visits scheduled for less than 15 minutes in duration will receive a duration exception in the Santrax system.