

# interChange Provider Important Message

## Attention: Home Health Providers

### **UPDATE Regarding Claim Denials for Electronic Visit Verification (EVV) Mandated Non-Waiver Home Health Services**

The Department of Social Services (DSS) would like to notify providers that the issue concerning claim denials for EVV mandated non-waiver home health services with dates of service (DOS) 7/1/2024 and forward has been corrected. **Please note, this issue only affected a small number of providers using Sandata Agency Management.**

The edit currently set to “post and pay” for the Explanation of Benefit (EOB) code indicated below will return to a “denied” status starting on **October 1, 2024.**

#### For Non-Waiver Home Health Claims:

- EOB 3331 – Confirmed Visit Not Found

Please be advised, whether billing through Sandata Agency Management or Alternate EVV, providers must allow up to 48 hours for the visits to be loaded into the Medicaid Management Information System (MMIS) prior to claim submission. In order for the claim to be considered for payment, a visit from the Sandata Agency Management system must exist in one of the following three confirmed statuses:

- *02 - Confirmed* – signals when a visit has been auto confirmed or manually verified and then confirmed. The visit is now ready and available to bill.
- *03 - In Process* – signifies that a visit for the service has already been confirmed and a claim exported for claims processing.
- *04 - Closed* – indicates that a visit has been confirmed, the claim has been exported for claims processing, and the claim has been paid or denied as appropriate. This status is set by the provider in the Santrax system.

As a reminder, questions related to EVV can be submitted securely to [ctevv@gainwelltechnologies.com](mailto:ctevv@gainwelltechnologies.com).

