

# interChange Provider Important Message

## Attention: Home Health Providers

### Electronic Visit Verification (EVV) Updates regarding Third Party Liability (TPL) Billing for Dually Eligible Clients – as of February 6, 2025

The purpose of this Important Message is to advise home health providers utilizing Sandata Agency Management who are billing claims for dually eligible clients (i.e., clients eligible for both Medicare and Medicaid) via vendor software. The following steps should be performed in your Santrax account:

- When entering patient information into your Santrax account for all clients, make sure to enter the *Client Medicaid ID* in the “Other ID” field under the “Agency Designations” area on the “Personal” screen. The *Client Medicaid ID* should also be entered on the “General” screen (i.e., “Cust. No.” field). Failure to enter the *Client Medicaid ID* in both areas will cause the claim to be denied in the Medicaid Management Information System (MMIS). Please reference [Attachment A](#) on the final page of this Important Message for screen prints that demonstrate entry of the ID number in two locations.
- When entering the payor information for dually eligible clients, do not enter the Medicare information into the payor area. The only payor that needs to be entered is Medicaid.
- It is essential to ensure that you are confirming all services for clients and then waiting 48 hours to send the billing file to Gainwell Technologies for adjudication. If the number of hours/units confirmed does not match the number of hours/units on the visit file, this discrepancy will result in the claim being denied with Explanation of Benefit (EOB) 3332 (“Non-Waiver Confirmed visit units are exceeded”) or EOB 3328 (“Confirmed visit units are exceeded”).

**Please note, the Medicare payor, correct adjustment reason code (i.e., 151, 152 or 153), and the date on which the Home Health Advance Beneficiary Notice (HHABN) was issued must be entered into your vendor software prior to billing for dually eligible clients.**



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## Resources

Helpful and up-to-date information regarding the EVV Home Health Care Services (HHCS) implementation is available on the Connecticut Medical Assistance Program (CMAP) Web site - EVV [Home Health Implementation Documentation](#) Web page including [Alternate EVV Specifications](#), [Alternate EVV Frequently Asked Questions](#), Provider Bulletins, Important Messages, Town Hall materials, and training requirements.

To access the current version of the Web page, click the refresh/reload icon near the address bar (also referred to as “location” or “URL” bar) in the Web browser.

For questions related to Alternate EVV support, providers can contact Sandata Technologies at the following email address: [ctaltevv@sandata.com](mailto:ctaltevv@sandata.com). As a reminder, questions related to EVV can be submitted securely to [ctevv@gainwelltechnologies.com](mailto:ctevv@gainwelltechnologies.com).

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## Attachment A Manual Client Data Entry – Non-Waiver Clients

### Adding New Clients: Continue Data Entry

#### Personal Screen:

- ▶ Add the Client's Medicaid ID
  - Personal Screen > Agency Designations > Other ID



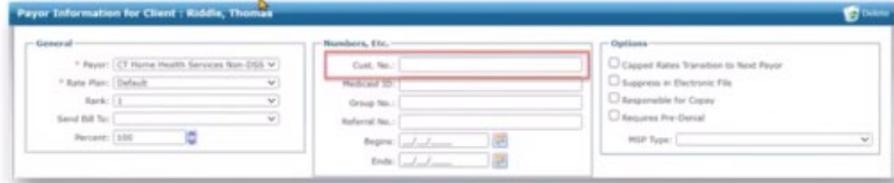
The screenshot shows a form titled "Agency Designations" with several fields: "Disaster Lvl:" (dropdown), "DNR:" (dropdown), "DNR Date:" (date field), "Transportation Assistance Level:" (dropdown), "Last Updated:" (date field with a calendar icon), and "Other ID:" (text field). The "Other ID:" field is highlighted with a red rectangular box.



### Adding New Clients: Continue Data Entry

#### General Screen:

- ▶ Add the Coordinator
- ▶ Add the Client's service
- ▶ Add the Client's Customer Number (Medicaid ID)
  - Chart > General > Payor > Cust. No.



The screenshot shows a form titled "Payor Information for Client - Riddle, Thomas". It is divided into three sections: "General", "Numbers, Etc.", and "Options". The "Numbers, Etc." section contains fields for "Cust. No.", "Medicaid ID", "Group No.", and "Referral No.", with the "Cust. No." field highlighted by a red box. The "Options" section includes checkboxes for "Capped Rates Transition to Next Payor", "Suppress in Electronic File", "Responsible for Copy", and "Requires Pre-Denial", along with an "MSP Type" dropdown menu.