interChange Provider Important Message

Attention: Home Health Providers

Electronic Visit Verification (EVV) Updates

1) **EVV Home Health Claims Enforcement Target Date for all Providers**
2) **EVV Billing Guidance for all Providers**
3) **Important Updates for Sandata Agency Management Users**
4) **Select Questions & Answers to be included in a Second EVV Frequently Asked Questions (FAQ) Document**
5) **Resources**

The purpose of this Important Message is to provide key updates to **all** home health providers, whether using the State's EVV system (i.e., Sandata Agency Management system) or a third-party ("Alternate") EVV solution to capture visit data. Please note, the information below is related to the federal mandate in Section 12006 of the 21st Century Cures Act that requires all states to use an EVV system for Medicaid home health care services (HHCS).

1. ***EVV Home Health Claims Enforcement Target Date for all Providers***

   Home health providers must prioritize onboarding and submission of EVV production data for all HHCS. Home health claims without a confirmed visit will result in a payment denial for dates of service **effective January 15, 2024, and forward.**

2. ***EVV Billing Guidance for all Providers***

   As communicated in Provider Bulletin 2018-17 for providers billing outside of Sandata Agency Management, it is important to ensure visits are confirmed in a timely manner, at least 24 hours prior to claim submission, in order to avoid unnecessary claim denials.

   For providers moving to the Alternate EVV solution, it is extremely important that your vendor send daily files to the Sandata Aggregator. Once the confirmed visit is in the Aggregator, please allow an additional 24 hours prior to claim submission to avoid unnecessary claim denials.

3. ***Important Updates for Sandata Agency Management Users***

Visit Maintenance Module Fixes for Providers using Schedules

As of December 14, 2023, issues in the *Visit Maintenance* module for providers using schedules have been resolved. Providers will no longer experience auto-confirm issues. Visits and schedules are now merging correctly. Additionally, the service captured at the time of visit, check in-time, event code modifier of *ZZ*, and visit type (e.g., "visit", "hourly") are now displaying correctly, eliminating incorrect exceptions in *Visit Maintenance* and/or a need for providers to manually merge and correct the data in their systems in order to confirm and bill properly.

Outstanding Visit Type Issue for Providers not using Schedules

For providers not using schedules, there is a known issue where the visit type is changing from "visit" to "hourly". In the interim, it is important for providers to confirm the visit data is correct. Sandata Technologies is researching and will provide an update as soon as available.

Client Bulk Upload for Non-Waiver Clients

For providers that have submitted client bulk upload files to add non-waiver clients, there continues to be a known issue that Sandata is working to resolve. Sandata is researching and will provide an update as soon as available. Any files previously submitted to Sandata will be processed after this date.

Providers are reminded not to begin manual entry of clients while awaiting this fix as any duplicates that exist on the previously provided bulk upload files will cause issues requiring manual resolution within Sandata Agency Management.

Manual Client Data Entry for Non-Waiver Clients

As a reminder for providers manually adding non-waiver clients within Sandata Agency Management, please be advised that there are two areas in which the *client ID* must be entered. Failure to do so may cause visit issues and data not being reported in the Aggregator. Please reference **Attachment A** on the final page of this Important Message for screen prints that demonstrate entry of the *client ID* in two locations.

Group Visit Feature and Visits Less than Eight (8) Minutes Update

Sandata has been working on the implementation of a new feature to accommodate group visit functionality to better serve the needs of non-waiver HHCS providers. This feature is expected to be available prior to January 1, 2024. Updates will be provided when available.

Changes to accommodate visits less than eight (8) minutes were previously implemented.

4. ***Select Questions & Answers to be included in a Second EVV FAQ Document***

DSS and Gainwell Technologies are currently working on a second FAQ document. In the meantime, we would like to share three critical questions raised by providers along with corresponding answers.

Question #1: Can you give me some direction on when a clinician does a recertification for an existing patient regarding the appropriate time in/out of EVV? Many of our clients will not be agreeable to have the clinician stay in the home to complete the OASIS paperwork.

Answer: The clinician may complete the recertification document (i.e., review of care plan) outside of the member's home. Please note, if documentation is completed outside the home, the clinician will need to check-in and check-out for the time spent with the member. The EVV visit check-out time may be manually adjusted in Sandata Agency Management – *Visit Maintenance* to reflect the

additional time used to complete the required documentation. The reason code of "Other", with a note identifying the reason for the manual adjustment to the visit, must be utilized to document the change. For providers using an Alternate EVV solution, the visit start and end times sent to the Aggregator must include the time spent completing the documentation. If the visit is manually adjusted due to the documentation being completed outside the member's home, the visit change segment must be updated with the reason code of "Other" and a note must be entered to notate the reason for the change.

Question #2: Will EVV be required for instances when Medicaid is billed as the secondary payer for clients with Medicare or private insurance (i.e., primary payer)?

Answer: DSS is not requiring EVV for crossover claims or when a private insurance, i.e., third-party insurance (TPL), pays a portion of the claim.

Question #3: If a Medicaid-eligible member resides in a 24-hour residential setting such as a group home and a home health provider is providing additional billable services to the member, do these services require EVV?

Answer: Since the home health provider is a separate agency from the 24-hour residential home and is providing HHCS, then EVV requirements would apply to the home health provider.

5. ***Resources***

Helpful and up-to-date information regarding the EVV 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.

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

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

Agency Designations
Disaster Lvl:
DNR:
DNR Date: __/__/____
Transportation Assistance Level:
Last Updated: __/__/____
Other ID:

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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.

Payor Information for Client : Riddle, Thomas