Home Health Providers Only: Non-Waiver and Open Model/Alternate Electronic Visit Verification (Alternate EVV) Implementation Frequently Asked Questions (FAQ):

1. We are located in Connecticut and use a 3rd Party EVV for some other clients not in Sandata. Is CT a state that will have the option to use a 3rd Party EVV to upload or transfer data to Sandata EVV?
2. Are the slideshows available for review?
3. The understanding is that our EMR vendor has reached out and has not heard back from Sandata/ I have completed the survey but have not received anything from Sandata. What is the timeframe for response?
4. Where do we find our AVRS ID number?
5. Is it possible to have a hybrid EVV arrangement – for example, we use Sandata for our waiver EVV clients and for Home Health aides we use our own software?
6. Is certification by vendor or is it a combination of vendor and provider?
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16. **Is EVV required when Medicaid is the secondary payer (not primary)?**
17. **Can we get a contact for the correct contact at Sandata for Alt EVV questions?**
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34. **Can you clarify who the "vendor" is in the Alt EVV process?**
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36. **If we are currently using Sandata to record PCS services, but are going to be using our Alt EVV vendor for home health non-waiver, is there an option for us to use our vendor for both PCS and home health? Will there be an option in the future?**
37. **For the non-waiver programs such as Husky C for example, do we need to enroll with Sandata if we currently use this for case managed wavier programs?**
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39. **If we have a single AVRS ID that we use for both PCS and home health services do we still have to use Sandata Agency Management for both?**

40. **As indicated in previous correspondence, some services are delivered under the same provider number. If we choose to utilize Alt EVV can we still use Sandata Agency Management until we are ready to transition in order to continue receiving payments?**
41. **In regard to the employee identifier, all employees in Sandata Agency Management already have a 9 digit ID. Can that be used or does it have to be the social security number?**
42. **If a Medicaid ID is required, how will this work for newborn patients that do not have an ID yet?**
43. **Does testing require utilizing specific test clients and employees (that match up to the UAT) or can we use our own test clients/employees?**
44. **In the specifications under Client Verified Service, clientsignature, client voice recording is optional. Does that mean the vendor does not need to provide or send that segment?**
45. **Do non-waiver employees need to call in and call out?**
46. **Through Sandata we are not billing for therapy visits; if we use Alt EVV will we now be billing for therapy services?**
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48. **What are the costs regarding implementation integration costs?**
49. **What is the ProviderQualifier?**
50. **What should be passed in the ClientIDQualifier? It has "Format:##########" but does not show what the qualifier is and is a required field.**
51. **ClientMedicaidID, in the client node, mentions that it is required with Payer CTDSS. Is it required for payer CTHH?**
52. **Will there be a webinar on Sandata?**
53. **Can you clarify how to handle split visits? Is the Alternate EVV vendor supposed to send a split visit?**
54. **Does every Alternative EVV user need credentials or is the Alternative EVV company the one credentialed?**

FAQ Responses:

1. **We are located in Connecticut and use a 3rd Party EVV for some other clients not in Sandata. Is CT a state that will have the option to use a 3rd Party EVV to upload or transfer data to Sandata EVV?**

A: This is available for Home Health Care Services (HHCS) provided to the Medicaid population under the Open Vendor EVV model option in CT.

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2. **Are the slideshows from recent training sessions available for review?**

A: The PowerPoint presentations and recordings of the trainings are available on the Connecticut Medical Assistance Program (CMAP) Web site. Go to www.ctdssmap.com, click on "Electronic Visit Verification", next click "Important Documentation", and finally click "Home Health Implementation Documentation". A link is also provided below: Home Health Implementation Documentation.

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3. **The understanding is that our Electronic Medical Records (EMR) vendor has reached out and has not heard back from Sandata/ I have completed the survey but have not received anything from Sandata. What is the timeframe for response?**

A: Sandata's timeframe is typically five (5) days for response flows. Provider association with the vendor is required to begin the certification process with Sandata. If you have not received a response from Sandata after five (5) days, please contact Sandata at the following email address: ctaltevv@sandata.com.

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4. **Where do we find our AVRS ID number?**

A: Your AVRS ID is your 9-digit Medicaid provider ID.

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5. **Is it possible to have a hybrid EVV arrangement – for example, we use Sandata for our waiver EVV clients and for Home Health aides we use our own software?**

A: No, a hybrid model is not supported. Providers must utilize either Sandata Agency Management or Alternate EVV for their HHCS data.

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6. **Is certification by vendor or is it a combination of vendor and provider?**

A: The Alternate EVV vendor is certified once for all providers that utilize the vendor.

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7. **Is the aggregator the same as the most recent version of Sandata Agency Management that is being used by agencies on the waiver program?**

A: The aggregator is through a different portal and will not be accessed the same way as the Sandata Agency Management 6.0 version.

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8. What is the latest version of the Alt EVV Specifications (Specs)?

A: The most up-to-date version of the Home Health EVV Vendor Specification is available on the CMAP Web site. Please go to www.ctdssmap.com, click on "Electronic Visit Verification", next click "Important Documentation", and finally click "Home Health Implementation Documentation". A link is also provided below:
Home Health Implementation Documentation.

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9. Who is our DSS contact?

A: Please contact the EVV mailbox at ctevv@gainwelltechnologies.com for any EVV related questions.

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10. If we are using an Alt EVV system, will we need to do anything in Sandata at all?

A: If a provider chooses to utilize an Alternate EVV system, you will want to review your data in the DSS aggregator to make sure it is complete and accurate. If you need to make changes, you will implement those changes in your Alternate EVV system and the vendor will re-transmit the data.

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11. Will the Medicaid standard benefit need authorizations like the waiver programs do?

A: The PA request and approval process is not changing for the non-waiver Medicaid population receiving HHCS.

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12. Will the waiver clients continue to be in Sandata Agency Management?

A: You can continue using Sandata Agency Management for the waiver Medicaid population, i.e., Personal Care Services (PCS) & HHCS). At this time, providers have the option to utilize an Alternate EVV solution for all HHCS administered to both waiver and non-waiver Medicaid members.

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13. Why do the specifications identify caregivers by the past five (5) digits of the social security number when this is not a unique identifier?

A: This is a value used to uniquely identify the employee in the agency. The use of the last five (5) digits of the Social Security number is a DSS requirement.

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14. Do we have to switch to an Alt EVV vendor or can we still continue to use the current EVV software Sandata Agency Management in Connecticut?

A: You can continue to use the current EVV software (i.e., Sandata Agency Management) if your organization so chooses. It is not required that you switch to an Alternate EVV system.

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15. Can you clarify the requirements for providers on the "go live" date of 03/23/2023? Is it a hard launch or a soft launch?

A: The Open Vendor EVV model (i.e., Alternate EVV solution) as well as Sandata Agency Management modifications were formally launched effective March 23, 2023. Home health providers are expected to onboard and begin to submit EVV production data for all HHCS either via an Alternate EVV system or Sandata Agency Management no later than

September 30, 2023. Moreover, HHCS claims without a confirmed visit will result in a payment denial for dates of service effective January 1, 2024, and forward.

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16. Is EVV required when Medicaid is the secondary payer (not primary)?

A: EVV visits are not required for payment of crossover claims.

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17. Can we get a contact for Sandata for Alt EVV questions?

A: Please contact the Alt EVV Tier 3 team at ctaltevv@sandata.com.

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18. How do we handle behavioral health or medical authorizations that exceed the standard benefit threshold?

A: Providers must follow the current process for requesting prior authorization (PA) from Community Health Network of Connecticut (CHNCT) or Carelon (formerly Beacon Health Options). If a provider is choosing to use Sandata Agency Management for non-waiver Medicaid members receiving HHCS, PAs will not flow into the Sandata Agency Management system. Providers must verify PAs as they currently do for non-waiver Medicaid members.

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19. Are live-in caregivers included or exempt for the EVV mandate?

A: Live-in caregiver is not an option offered under HHCS. Per diem Personal Care Assistance (PCA) services are currently EVV-mandated under the waivers.

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20. Will we still be billing out of Sandata or can we use Alt EVV?

A: If a provider chooses to use Sandata Agency Management for HHCS administered to non-waiver Medicaid members, they may bill out of the Sandata Agency Management system. However, billing out of Sandata Agency Management is not an option for providers electing to utilize an Alternate EVV solution.

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21. Will we be using our Alt EVV system for any changes, and they will resubmit the changes/corrections to Sandata/what will sync into Sandata from Alt EVV? (For example, certifications, advanced beneficiary notice (ABN), diagnosis, etc.)

A: Changes to the EVV data will need to be re-transmitted by your Alternate EVV vendor. Updates to the patient data or employee data will be provided if that is included in the general information collected in the Home Health EVV Vendor Specification elements. Not all patient and employee data needed for billing will be included in the EVV system requirements.

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22. Is EVV required for Medicaid hospice services?

A: EVV is required for hospice services provided by a home health agency only and for services on the home health fee schedule that are EVV mandated.

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23. Is the minimum visit time fifteen (15) minutes?

A: Visit rounding rules will follow the information published by DSS for billing usage.

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24. How will visit maintenance be completed for any visits that were not captured via EVV?

A: The Alternate EVV vendor can send all information as a "manual" call type for the visit submissions if not collected electronically. Providers using Sandata Agency Management can add visits manually via the “Visit Maintenance” module if not collected electronically.

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25. Will authorizations data need to be involved?

A: Providers must follow the current process for requesting PAs for non-waiver Medicaid members from CHNCT or Carelon (formerly Beacon Health Options). PAs will not flow into the Sandata Agency Management system for non-waiver Medicaid members receiving HHCS. Also, providers must verify PAs as they currently do for non-waiver Medicaid members.

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26. How will a shared HCPC be input and differentiated for both HHI and CTHH when different set units are applied?

A: EVV collection will need to be submitted on a “per service” basis. Each service should have a separate visit with call information documenting the time spent for the service.

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27. Will a visit with a timesheet give an exception?

A: A visit call type of "Manual" will not give an exception but does require an entry in the VisitChanges segment to document the manual edit to the visit data.

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28. Will medication administration (med amin) visits be required to use EVV?

A: Yes, med admin visits are required to use EVV.

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29. Is there an available list of home health non-waiver procedure codes that are included in the EVV mandate on the DSS portal?

A: Yes, the list of home health procedure codes for non-waiver Medicaid members can be found in the EVV HH Vendor specifications beginning on Page 41.

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30. Is the penalty still deferred if there is no check in or check out?

A: A visit will be in an exception state if there is no check-in or check-out for the visit submitted. The compliance thresholds for HHCS will be shared in a provider communication targeted for release in 2024.

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31. What about home and community-based services (HCBS) that are per visit for home health and per unit for HHI?

A: DSS has identified a unique payer and program combination to ensure the proper service identification for the same type of service provided under the different institutional or professional type billing.

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32. Will data be automatically updated if resubmitted or upgraded in the DSS portal?

A: The resubmitted data will reflect in the DSS aggregator once the changes have been processed which is scheduled to occur daily.

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33. Will there need to be visit maintenance in the aggregator or will it be view-only?

A: The DSS aggregator is a view-only interface.

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34. Can you clarify who the "vendor" is in the Alt EVV process?

A: It is the EVV solution vendor (a.k.a. EMR company) contracted by the provider.

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35. Are tasks required for every visit?

A: No, tasks are optional for the HHCS implementation.

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36. If we are currently using Sandata to record PCS services, but are going to be using our Alt EVV vendor for home health non-waiver, is there an option for us to use our vendor for both PCS and home health? Will there be an option in the future?

A: Providers of HHCS for non-waiver Medicaid members currently using EVV for the waiver Medicaid population have the option to utilize an Alternate EVV solution for both non-waiver & waiver Medicaid members during this HHCS implementation. Providers who **solely** rendernon-medical waiver services (i.e., PCS) do not currently have this option. The Open Vendor EVV model is anticipated to be available for PCS providers in 2024.

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37. For the non-waiver programs such as Husky C, for example, do we need to enroll with Sandata if we currently use this for case managed wavier programs?

A: You may continue using Sandata Agency Management for HHCS administered to waiver Medicaid members in addition to the HHCS for the non-waiver Medicaid population. These services will begin to appear in Sandata Agency Management after the go-live date of March 23, 2023. Per the 21st Century Cures Act, EVV is required for all HHCS.

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38. When does our Alt EVV need to be ready?

A: Home health providers must first register their contracted Alternate EVV vendor with Sandata. The contracted Alternate EVV vendor must then complete testing and certification. Sandata will work with your vendor to expedite the testing cycle. Please be advised, home health providers are expected to onboard and begin to submit EVV production data for all HHCS either via Sandata Agency Management or an Alternate EVV system no later than September 30, 2023. Moreover, home health claims without a confirmed visit will result in a payment denial for dates of service effective January 1, 2024, and forward.

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39. If we have a single AVRS ID that we use for both PCS and home health services do we still have to use Sandata Agency Management for both?

A: You should have an AVRS-ID for PCS and a different AVRS-ID for HHCS. You can use an Altermate EVV solution or Sandata Agency Management for all Medicaid members receiving HHCS. Please note, for providers choosing to move from Sandata Agency Management to an Alternate EVV solution for HHCS, member data for both waiver and non-waiver Medicaid members must be solely maintained in the Alternate EVV solution.

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40. As indicated in previous correspondence, some services are delivered under the same provider number. If we choose to utilize Alt EVV, can we still use Sandata Agency Management until we are ready to transition in order to continue receiving payments?

A: Yes, you can continue with Sandata Agency Management and once the vendor has tested and certified, you can switch to Alternate EVV for HHCS going forward.

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41. In regard to the employee identifier, all employees in Sandata Agency Management already have a 9-digit ID. Can that be used, or does it have to be the social security number?

A: Yes, you may continue to use the current identifiers that are being applied in Sandata Agency Management today.

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42. If a Medicaid ID is required, how will this work for newborn patients that do not have an ID yet?

A: There is an optional field built into the Home Health EVV Vendor Specification (i.e., MissingMedicaidID) that will serve as an indicator for newborn patients who have yet to be assigned a Medicaid ID from DSS.

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43. Does testing require utilizing specific test clients and employees (that match up to the UAT) or can we use our own test clients/employees?

A: You will be sending client, employee, and visit data that you create for testing purposes. Thus, the client, employee, and visit data should be “test” (i.e., non-production) data.

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44. In the specifications under Client Verified Service, ClientSignature, client voice recording is optional. Does that mean the vendor does not need to provide or send that segment?

A: Yes, ClientSignatureAvailable and ClientVoiceRecording are both set as optional. This means the actual signature or voice recording will not be transferred. As stated in the Home Health EVV Vendor Specification, the originating system will be considered the system of record. If the client signature or voice recording is captured in the EVV vendor system, set this value to “true”. If the client signature or voice recording is not captured in EVV vendor system, set this value to “false”.

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45. Do non-waiver employees need to call in and call out?

A: Yes, employees providing services to non-waiver Medicaid members will need to call-in and call-out just as employees who currently see waiver Medicaid members.

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46. Through Sandata we are not billing for therapy visits; if we use Alt EVV, will we now be billing for therapy services?

A: You will be able to capture these visits in Sandata Agency Management. If electing to use an Alternate EVV solution, you would capture this data in your Alternate EVV vendor software. Please note, for providers choosing to move from Sandata Agency Management to an Alternate EVV solution for HHCS, billing cannot be performed through the Sandata Agency Management system.

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47. What is the process to verify that the EVV data was successfully transmitted through the data aggregator? Will there be any additional data field requirements when using the alternate vendor as opposed to Sandata?

A: Sandata will, with your vendor, perform testing in order to certify your vendor for Alternate EVV. Any data field requirements can be found in the Specification document available on the CMAP Web site: EVV HH Vendor Specifications.

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48. What are the costs regarding implementation integration costs?

A: If providers choose to remain in Sandata Agency Management, they will have the option to move to the Alternate EVV solution through September of 2023. During this timeframe, DSS will cover Sandata costs associated with onboarding and testing. DSS will not cover provider costs incurred by their vendor. Providers that choose to move to the Alternate EVV solution after September 2023 will be able to do so but may be responsible for additional costs.

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49. What is the ProviderQualifier?

A: The Provider Qualifier is the database field name, not an ID. Example – "ProviderQualifier": "MedicaidID" (expected value).

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50. What should be passed in the ClientIDQualifier? It has "Format:##########" but does not show what the qualifier is and is a required field.

A: The Home Health EVV Vendor Specification has been updated to reflect a database field name. Example – "ClientIDQualifier": "ClientCustomID" (expected value).

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51. ClientMedicaidID, in the client node, mentions that it is required with Payer CTDSS. Is it required for payer CTHH?

A: The Home Health EVV Vendor Specification has been updated to reflect two valid values as PayerID: "CTDSS" and "CTHH".

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52. Will there be a webinar on Sandata?

A: Links to previous webinars can be found on the CMAP Web site – Home Health Implementation Documentation Web page. Providers should navigate to the www.ctdssmap.com Web site, click on "Electronic Visit Verification", then "Important Documentation", and finally "Home Health Implementation Documentation".

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53. Can you clarify how to handle split visits? Is the Alternate EVV vendor supposed to send a split visit?

A: If the visit spans more than 24 hours, it will need to be split into two (2) visits.

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54. Does every Alternative EVV user need credentials or is the Alternative EVV company the one credentialed?

A: Sandata will distribute access credentials to the providers once their Alternate EVV vendor has completed testing and been certified. Providers will then need to give the access credentials to their Alternate EVV vendor.

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Acronym List	
Acronym	**Definition**
Alt-EVV / Alt EVV / Alternate EVV / Alternative EVV / 3rd Party	Alternate Electronic Visit Verification
AVRS	Automated Voice Response System
CHNCT	Community Health Network of Connecticut
CMAP	Connecticut Medical Assistance Program
CT DSS / DSS	Connecticut Department of Social Services
EMR	Electronic Medical Records
EVV	Electronic Visit Verification
HCBS	Home and Community-Based Services
HCPC	Healthcare Common Procedure Coding
HH	Home Health
HHCS	Home Health Care Services (a.k.a. Home Health Services)
PA	Prior Authorization
PCA	Personal Care Assistance
PCS	Personal Care Services
RCC	Revenue Center Code
UAT	User Acceptance Testing