interChange Provider Important Message

Attention: Home Health, Connecticut Home Care (CHC), Personal Care Assistant (PCA), Acquired Brain Injury (ABI), Autism and Mental Health (MH) Waiver Service Providers

1. **UPDATE Regarding Claim Denials for Electronic Visit Verification (EVV) Mandated Services for Dates of Service July 1, 2024 and forward**
2. **Resources**

The Department of Social Services (DSS) would like to notify providers that the issue concerning claim denials for EVV mandated services with dates of service (DOS) 7/1/2024 and forward has been corrected.

Edits currently set to "post and pay" for the following EOBs will be set to a "denied" status starting on **November 15, 2024**.

For Non-Waiver Home Health Claims:

- EOB 3331 Confirmed Visit Not Found
- EOB 3332 Confirmed Visit Units are Exceeded

For Waiver Home Health Claims:

- EOB 3327 Confirmed Visit Not Found
- EOB 3328 Confirmed Visit Units are Exceeded

Please Note: If the number of visits on the billing file do not match the number of visits on the visit file in MMIS, claims will still be denied with EOB 0047 Confirmed Visit Units are Exceeded.

As a reminder, whether billing through Sandata Agency Management or Alternate EVV, providers must allow 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.

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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 for the visit to be paid. Failure to do so will cause the visit to deny. 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.

Sandata Agency Management users billing and/or adjusting claims via an *alternate claim solution* are advised that the visits will be available in the MMIS for payment within 24 hours.

Resources

For Alternate EVV, once the vendor has submitted a verified visit and it appears in the Sandata Aggregator, it may take an additional 48 hours for that visit to be available in the MMIS for payment.

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.

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.

As a reminder, questions related to EVV can be submitted securely to ctevv@gainwelltechnologies.com.

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Attachment A
Manual Client Data Entry – Non-Waiver Clients