GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Georgia

Electronic Visit Verification (EVV)

Provider-Related Frequently Asked Questions (FAQs) & Answers

July 2026

FAQs were updated in July 2026. New questions are identified with "NEW" preceding the question. Questions with updated responses since the last version have an "*" preceding the question.

GENERAL EVV QUESTIONS

1. **Who is DCH?**
   The Georgia Department of Community Health (DCH) is the single State Agency designated to administer and supervise the administration of Georgia's Medicaid program. (42 C.F.R. § 431.10). DCH oversees program administration and funding for all Georgia Medicaid services.

2. **What is Electronic Visit Verification?**
   Electronic Visit Verification (EVV) is an electronic system that confirms when Provider visits occur and keeps track of the precise time services begin and end. It ensures that Members receive the services they are authorized to receive. EVV gives Providers, care coordinators, and DCH access to service delivery information in real-time to ensure there are no gaps in care and helps to reduce fraud in home care delivery.

3. **Why is Georgia requiring EVV?**
   In December 2016, the United States Congress enacted the 21st Century Cures Act (Cures Act). Section 12006 of the Cures Act requires states to implement EVV for Medicaid-covered Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an in-home visit by a Provider. Georgia implemented EVV to comply with the Cures Act.

4. **What are the benefits of EVV to Providers?**
   Benefits to Providers include:

   - EVV helps Providers track individual worker activity, which reduces the likelihood for error or fraud.
   - EVV increases efficiency because collection and tracking of the required information to process claims is automated.
   - EVV improves quality of care by making worker activities transparent and measurable.

5. ***Are Providers required to participate in the EVV Program?**
   Providers must participate in the EVV Program if they provide Personal Support Services (PSS)/Community Living Supports (CLS) (CPT Codes T1019, T2025, and S9122) through SOURCE, CCSP, ICWP, NOW, COMP or GAPP. To continue to receive payment for providing these services, a Provider's EVV-related claims must be submitted through the State EVV solution and include the required EVV information. If a Provider's claims do not include the required EVV information, the claim will be denied.

EVV PROCESSING AND TECHNOLOGY QUESTIONS

6. **How does EVV work?**
   When using the State EVV solution, Providers collect six required data elements at the point of care through a mobile application on a smartphone or other mobile device, telephony/IVR, or manual

entry. This information enables the EVV system to electronically verify that home and community-based service visits occurred by capturing:

- Who receives the service;
- Who provides the service;
- What type of service is performed;
- Place where service occurs;
- Date of the service; and
- Time the service begins and ends.

Note: The landline phone number associated with the Member is acceptable to verify the location for telephony/IVR. Attempting to use a cell phone for telephony/IVR verification is unacceptable.

7. **What software will the phone or tablet need to use the State EVV solution?**
   The State EVV solution's mobile application works with most mobile devices; e.g., smartphones, tablets. All technical specifications are available on the DCH EVV Providers page in a document entitled "Netsmart EVV Hardware and Software Requirements" or linked here for download.

8. ***Can a laptop or desktop be used for EVV instead of a mobile device?**
   No. A smartphone or tablet is required for aides to use the Netsmart EVV app during visits. The Netsmart EVV administrative dashboard is available from a laptop or desktop internet browser.

9. **Do Members have to be at home for EVV visit check-in or check-out?**
   No. The State EVV solution will be able to collect multiple addresses for each Member so aides may verify services rendered in the home, as well as in the community. Therefore, Members can continue to participate in activities in their communities as usual.

10. ***The State EVV solution requires a Member's signature to submit the visit data. What if a Member is unable to provide a signature?**
    If the Member's signature cannot be provided, the system will present you with a list of reason codes to document the exception. After you select the appropriate reason code, the State EVV solution will allow you to submit the visit data.

11. ***If the State EVV solution mobile application is not working, how should the visit be documented?**
    An aide can contact their administrator to manually log their visit through the State EVV solution's administrative portal. A reason code must be entered by the administrator explaining why the visit could not be captured using the mobile application or telephony/IVR. Reason codes are provided within the system for selection by the administrator.

12. **Can a Provider use the EVV mobile application even if the internet connection is spotty or unavailable?**
    The State EVV mobile application supports offline check-in and check-out. To use Offline Mode, Providers must open and download their visit schedule in the app before arriving at the service location while they still have an internet connection.

    If the device loses cellular or Wi-Fi connectivity, or if the State EVV solution is unavailable, the application automatically switches to Offline Mode and displays an "OFFLINE MODE" banner. Providers can continue to capture all required EVV data using their previously downloaded schedule.

During Offline Mode, visit data is encrypted and stored securely on the mobile device. Location services continue to use GPS even when cellular towers are unavailable. Once the device reconnects to the internet, all offline visit data is automatically synchronized with the State EVV solution vendor's server.

The only limitations in Offline Mode are:

- The mobile application cannot receive schedule updates made by the Provider's Billing Administrator.
- The Provider's Billing Administrator cannot view real-time check-in and check-out status until the device reconnects and synchronizes.

13. Do Providers have to buy aides smart phones or tablets to use the State EVV solution?

No. Providers are not required to buy aides smart phones or tablets for EVV. The State EVV solution offers multiple methods to collect the required EVV data, including:

- Mobile application (requires a mobile device);
- Telephony (requires a Member's land line) / IVR; or
- Manual entry

DCH will not supply or reimburse for equipment provided to aides. Additionally, Medicaid cannot be used to purchase the devices.

14. *What if Members do not allow Providers to use their landline phone for EVV, and the Provider does not have a mobile device for EVV?

In those instances when a Member's landline phone is unavailable, the Member and Provider should discuss alternative methods to capture the required data. The use of a mobile device such as a smartphone or tablet can be used. If a mobile device or landline phone are all unavailable, manual entry by an administrator may be performed. The aide will write down their visit start and end times and provide it to their agency. The Provider will need to manually input the visit information. Providers must document the reason for the manual visit edit by selecting or using one of the approved reason codes. The State EVV solution will capture a clear and reportable audit trail of all the manual activity.

The use of telephony/IVR requires application and approval from DCH. You can download the PDF application by clicking here for self-directed members and here for traditional Medicaid members. Reason codes are provided within the system for selection by the administrator.

15. Will workers have to log in and out for each personal care task during a visit?

No. Workers will log in and can choose a broad service code that includes all the tasks performed during the visit.

16. *What happens if a Provider must perform a visit before receiving a prior authorization?

The Provider performing a visit before receiving prior authorization will still need to collect and provide the required EVV data for the visit. Once the visit is approved through the prior authorization process, the visit can be confirmed and the State EVV solution will submit the claim to GAMMIS.

17. *Will the Provider be able to manually update a visit if the aide forgets to clock-in or out?

Yes. Manual entry by a Provider administrator due to a missed clock-in or clock-out is an option, but a reason code will need to be provided to explain why the manual edit was required. Reason codes are provided within the system for selection by the administrator.

18. ***What if the aide needs to stay longer than a scheduled visit due to an unexpected incident such as a doctor's visit taking longer than scheduled?**
Administrators can manually adjust the scheduled visit time to match the clock-in and clock-out time. This would require a reason code and note to explain the manual adjustment.

The additional time should be considered related to maximum authorized units and authorizations. EVV will not impact DCH processes or policies related to authorized units or overtime pay.

EVV PROVIDER SYSTEM TRAINING

19. ***If a Provider chooses to use the State EVV solution, will the Provider receive training?**
Yes. Any Provider required to use EVV who chooses the State EVV solution should register for EVV training from the State EVV solution vendor. EVV Providers should register for Netsmart EVV training and a Netsmart EVV Q&A session by registering at https://mobilecaregiverplus.com/training/. Please sign up for the EVV listserv to receive updates via email.

EVV BILLING AND CLAIMS PROCESSING

20. ***How will the State EVV solution work with the GAMMIS, Georgia's MMIS system?**
The State EVV solution will receive Member data from GAMMIS. All claims for EVV-required services claims must be submitted to GAMMIS through the State EVV solution. Providers can view the status of claims using GAMMIS or the State EVV solution's administrative dashboard. Providers should be mindful of the following claims processing timelines:
    - All claims should be matched and released by Thursday at midnight for payment by the following Thursday.
    - Claims submitted after Thursday at midnight may result in a two-week delay for payment.
    - Weekly Remittance Advices (RAs) are produced each Monday. Providers should review their RA for any edits or corrections in GAMMIS.
    - Payments will be made each Thursday and will reflect claims submitted by the previous Thursday deadline.

21. **How can Providers check claim status or resolve denied claim?**
Providers can check claim status in Netsmart using the Claims Status Inquiry or by reviewing their Remittance Advice (RA) in GAMMIS. If a claim is rejected, review the denial reason or edit code, make the necessary corrections, and resubmit the claim through EVV.

22. **When an aid is providing Shared CLS Services for 2 or more members in their home at the same time, how is the time scheduled to avoid overlapping visits?**
When scheduling, there must be a 5-minute buffer between visits. For example, if the aide provides services from 12pm – 3pm and plans to dedicate 1 hour of care to each member, the provider administrator would then schedule time with Member A from 12pm – 1:00pm, schedule time with Member B from 1:05pm – 2:05pm, and schedule time with Member C from 2:10pm – 3:10pm.

23. **NEW: Who do Providers contact if they require technical assistance or have questions regarding the State EVV solution?**

Providers can call Netsmart Customer Support at 1 (833) 483-5587, Monday-Friday from 8am -7pm EST., Closed Saturdays, Sundays, and state holidays. Enter your state abbreviation (Georgia: 42 on the keyboard).

24. **If I need additional training with resolving unmatched claims, remediating rejected claims, voiding claims, worklist, and adjusting adjudicated claims, etc.?**
Claims Console training is scheduled weekly- each Thursday.
Training registration is available at Registration (gotowebinar.com).
Pre-recorded Claims Console sessions are available at Registration (gotowebinar.com).

25. **If I need additional training with Admin Portal functions such as scheduling visits, manually completing a visit, setting up, reporting, etc.?**
Administrative Console training is scheduled weekly- each Wednesday.
Training registration is available at Registration (gotowebinar.com).
Pre-recorded Administrative Console sessions are available at Registration (gotowebinar.com).

PRIVACY

26. **With whom will DCH share data collected by the EVV solution?**
The data captured in the State EVV solution belongs to DCH. DCH will share claims information with the Department of Behavioral Health and Development Disabilities (DBHDD) as the operating agency for the NOW and COMP waiver programs. All other requests for EVV data must be submitted to DCH and may be approved or rejected at DCH's discretion.

27. ***Who do Providers contact if they have a question or complaint about EVV?**
Providers should direct their general EVV Program question(s) or concern(s) to the DCH EVV email address: evv.medicaid@dch.g.gov.

Questions or complaints regarding the use of the State's EVV solution can be directed to the State EVV solution vendor's helpdesk.

HOME HEALTH CARE SERVICES (HHCS):

28. **NEW: How will overnight skilled nursing shifts be handled in EVV?**
Overnight skilled nursing visits should be handled like any other overnight visit. If services cross midnight, end the first visit before midnight and schedule a second visit to begin immediately after midnight. This requirement, already in place for PCS, also applies to home health and ensures visits are documented and billed correctly.

29. **NEW: Will HHCS visits be submitted as a single claim based on the start date, or will they be split between the two calendar days?**
Visits will not be automatically split at midnight. The recommendation is to schedule two separate visits if the visit is crossing midnight - one visit ending at midnight, the second visit starting at midnight.

30. **NEW: If vendor is not listed has an approved EVV vendor, how do we get information to add them?**

Providers should direct their general EVV Program question(s) or concern(s) to the DCH EVV email address: evv.medicaid@dch.g.gov.

Questions or complaints regarding the use of the State's EVV solution can be directed at the State EVV solution vendor's helpdesk.

31. NEW: When does HHCS EVV billing become mandatory?

Soft Go-Live for HHCS is August 31, 2026. HHCS EVV claims become mandatory on September 14, 2026. Beginning on this date, applicable HHCS claims must be processed through the EVV solution.

32. NEW: Is EVV required for Skilled Nursing Services?

Yes. Medicaid-covered skilled nursing services identified as applicable Home Health Care Services (HHCS) are subject to EVV requirements. Providers should refer to the current list of applicable HHCS procedure codes published by DCH.

33. NEW: Can providers continue using their own EVV System?

Yes, if the system successfully integrates with Georgia's State EVV solution. Providers interested in using a third-party EVV system should contact the Netsmart Integration Team at EVVIntegrations@ntst.com to discuss integration requirements.

34. NEW: Why is there a 50-unit allowance before prior authorization?

For certain Fee-for-Service HHCS programs, providers may deliver up to 50 units of service before prior authorization (PA) is issued.

Until the authorization is received:

- The recipient may need to be manually linked in the Provider Portal.
- Once the authorization is issued, it automatically links the recipient to the provider.
- Providers using an approved alternate EVV vendor may not need to manually link the recipient because the linkage occurs when the first visit is transmitted.

This process currently applies only to applicable Fee-for-Service members and does not currently include Care Management Organization (CMO) members.

35. NEW: Does EVV replace daily nursing notes or required documentation?

No. EVV verifies that services occurred but does **not** replace documentation required by Medicaid policy, including:

- Nursing notes
- Clinical documentation
- Timesheets (when required)
- Supervisory documentation
- Other program-specific documentation requirements

The FAQs include the most common EVV questions received by DCH that are related to Providers. DCH monitors all questions received and frequently updates the FAQs, so please check the DCH EVV website regularly for new information!