

INDIANA HEALTH COVERAGE PROGRAMS

ELECTRONIC VISIT VERIFICATION FAQs

This document provides concise answers to frequently asked questions regarding electronic visit verification (EVV) for the Indiana Health Coverage Programs (IHCP).

Introduction to EVV and General Questions

Q: Why is the State requiring providers to use EVV?

A: The Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have identified personal care and home health services as situations in which members are particularly vulnerable to fraud, abuse, neglect, and exploitation. EVV data will assist both providers' and the State's efforts to protect the health and safety of members who use these services.

Q: What services will require EVV?

A: The IHCP has developed the *Service Codes That Require Electronic Visit Verification* document to identify specific services that will be subject to EVV requirements. Currently, the document includes applicable codes for **personal care** services. Applicable **home health care** codes will be added after they have been determined. The document is accessible from the [Code Sets](https://in.gov/medicaid/providers) page at in.gov/medicaid/providers.

Q. Can I use EVV for *other* services/programs?

A. The State-sponsored EVV system will be configured to document and verify only those services listed on *Service Codes That Require Electronic Visit Verification*. However, providers can independently contract with a vendor of their choice to use an alternate EVV system for other programs or services.

Q: Can I opt-out of using EVV?

A: Providers must use EVV to be eligible for IHCP reimbursement of any service that the IHCP has designated as requiring EVV. Providers will not be reimbursed if a matching EVV record is not captured to support a submitted claim.

Q: Who will supply the EVV system? Can I use my existing EVV system, or will I be required to use the State-contracted EVV vendor?

A: Sandata is the contracted vendor for the State's EVV system. Providers can continue to use their existing EVV systems if they meet the State's technical specifications and are approved as EVV vendors. If providers do not have an EVV system, they still have a choice of using an alternate EVV system instead of the State's system. The State's system will aggregate EVV data from both the Sandata system and alternate systems.

Q: Is there a fee to use the Sandata State-sponsored EVV system?

A: There is no fee for agencies opting to use the Sandata State-sponsored EVV system.

Q: Is there a fee to use an alternate EVV system from a vendor other than Sandata?

A: EVV vendors will be asked to pay a one-time fee of \$3,360. This setup fee will be used to cover the cost of time and effort to assist with testing integrations between the vendor and the Aggregator. Providers that use these alternate EVV systems may be required to pay a separate fee by the vendor.

Q: What is the expected timetable for implementation and training on the EVV system?

A: Please watch for future IHCP communications about the progress of the implementation and training. See *IHCP Bulletin BT201945* and the [Electronic Visit Verification Training](https://in.gov/medicaid/providers) page at in.gov/medicaid/providers for more information.

Q: Who do I contact if I have a question or concerns about EVV?

A: Providers can send questions or concerns regarding the EVV program or the State-sponsored EVV system via email to EVV@fssa.in.gov or can call IHCP Provider Customer Service at 1-800-457-4584, option 5.

Pilot Procedures and Rollout Issues

Q: What are the State's plans for a pilot of Sandata and the aggregation process, including time frames?

A: The State piloted the EVV system during the months of July through December 2019. Prior to the pilot, the State gathered a list of participants to test its EVV solution – including both the Sandata system as well as alternate systems that will populate the Aggregator. Those planning efforts began in February 2019, and the State began looking for participants in April 2019. The providers that participated in the pilot were considered *early adopters*, because the EVV environment was live and captured real visit information. Claims submitted for early adopters of the EVV solution continued to be accepted and paid according to current processing guidelines.

Q: What is the State's definition of a successful pilot?

A: A successful pilot will demonstrate the working capabilities of the EVV solution along with the generation of data that allows for the successful determination of fraud. In addition to proving the capabilities of the system, the State will monitor any difficulties that providers may experience and make changes to the training and processes as appropriate.

Q: What specific costs are expected to be associated with EVV rollout to persons served and their families?

A: The State will not charge persons served and/or their families for EVV.

Technical Requirements and Connectivity Issues

Q: What methods can be used to record visits and transmitting EVV data?

A: The Sandata EVV system will include both a mobile application for logging visits with a member as well as a telephonic solution enabling providers to log the visit by calling from a member's phone line. An administrator can also enter information manually into the Sandata Portal. Information from Sandata users is updated automatically in the Aggregator. For providers using an alternate EVV system, visit updates should be sent to Sandata on a daily basis to be uploaded to the Aggregator. The specifications for the daily files can be found on the [Electronic Visit Verification](#) web page at in.gov/medicaid/providers.

Q: What is expected when the staff person providing the service does not own a smartphone and the person served has only a cell phone with prepaid minutes? Will the State require that the person being served to use his or her prepaid minutes for EVV purposes?

A: In a scenario where the staff member does not have a smartphone and there is a hindrance to using the member's telephone line, the EVV administrator for the provider's company can manually record the visit in the Sandata Portal. Providers using an alternate EVV system from a third-party vendor will need to determine the most appropriate way of collecting this information and attesting to its accuracy when sending it to the Aggregator.

Q: What if there is no landline and no cell reception for transmitting visit information?

A: Sandata Mobile Connect (SMC) will store data until it has connectivity. When the device has connectivity, the data will be uploaded to the Sandata EVV system. Although manual visit entry in the Sandata EVV system is discouraged, it can always be used if the worker did not use SMC or telephonic visit verification during the visit.

Q: Will the State be requiring that persons served sign something related to their service provision? If so, how will the State handle the large volume of exceptions related to this requirement (for example, clients who are nonverbal and unable to provide a signature)? If this burden falls onto provider agencies, how will the State handle the reimbursement of the significant time spent on exceptions like these?

A: As of September 2020, the mobile visit solution will not require the signature or voice response from the member.

Q: When the EVV model is in place, will the global positioning system (GPS) electronic verification login be considered the service documentation note for audit purposes?

A: The State is engaged in ongoing discussions with Family and Social Services Administration (FSSA) Program Integrity, and this question will be clarified in future communications.

Q: For providers using the Sandata system in real-time, logging staff direct service time, will there be an export function for providers to obtain data to process direct service payroll?

A: No.

Q: If I use Sandata's mobile application with a phone that uses GPS, am I or the member being tracked?

A: No, the application does not track the caregiver or a member. The mobile application only captures the GPS coordinates at the time of the verification check-in and check-out. If there is no cellular connectivity available, the GPS coordinates will be stored and uploaded when the application reconnects to cellular service or to a wireless network.

Q: Can agency provider use both the mobile application and telephonic options with Sandata?

A: Yes, a provider has the option to start a visit using the mobile application and end the visit using the telephone, or vice versa.

Q: If a provider uses an alternate EVV vendor that is already approved by the State, does the provider still need to follow the alternate EVV vendor process to establish connectivity with the Sandata Aggregator?

A: Although the vendor may be established with the State, the provider should still send their information to EVV@fssa.in.gov to verify certification and to begin the credentialing process with Sandata.