

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](#) page at in.gov/medicaid/providers.

Q: For what personal care services will the IHCP require use of an EVV system?

A: For a complete list of all services that are impacted by the EVV requirement, see *Service Codes That Require Electronic Visit Verification* on the [Code Sets](#) page at in.gov/medicaid/providers.

Q: How will billing change as a result of EVV?

A: Providers will continue to be reimbursed according to the authorized dollar amounts as provided within a member's Notice of Action (NOA). To minimize issues with the EVV record, the IHCP requires providers to bill at increments of no greater than 1 month. If providers wish to bill for more than 1 month at a time, they should either submit separate claims for each month being billed or use multiple claim line items for each month being billed.

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: Are providers required to list tasks?

A: The IHCP encourages providers to list all completed tasks performed on a date of service; however, task information is not required for an EVV record to be considered complete.

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: During the public health emergency, how do agencies satisfy the EVV requirement if services are rendered via telemedicine?

A: Virtual visits will continue to review EVV. Providers can create a manual visit record for virtual visits. Providers are also strongly encouraged to use the Memo feature within Sandata (or equivalent feature if using an alternate EVV vendor) to document that services are being performed virtually. Providers should refer to *IHCP Bulletin BT202037* about home- and community-based services (HCBS) being performed via telemedicine and watch for future IHCP publications for additional information on telemedicine.

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](#) 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.

Q: How will the IHCP use EVV as a part of auditing efforts?

A: The IHCP will continue to focus on overall provider readiness. The IHCP will release specific EVV exception thresholds in a future IHCP publication.

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.

Q: How do I update my email account information if Sandata has an incorrect email?

A: You will need to update your contact email listed on your IHCP Provider Profile. You can learn about this process by visiting the [Update Your Provider Profile](#) page at in.gov/medicaid/providers.

When your email has been updated on your IHCP Provider Profile, you will need to do one of the following:

- For Sandata (State-sponsored) EVV Solution Users – Email inxixevv@dxc.com or call IHCP Customer Assistance at 1-800-457-4584, option 5.
- For Alternate EVV Solution Users – Email inAltEVV@sandata.com to request the email change.

Q: How do I make sure each of my IHCP-enrolled locations is EVV compliant?

A: Do one of the following:

- For Sandata (State-sponsored) EVV Solution Users – Please include each IHCP Provider ID in your request for a welcome kit. If you need to add additional locations, email inxixevv@dxc.com.
- For Alternate EVV Solution Users – Please include each IHCP Provider ID in a separate request for testing credentials.

Q: If an EVV-impacted claim is adjusted or voided, what happens to the associated EVV record?

A: The EVV record will remain the same and will be associated with the replacement claim.

Q: How does the Notice of Action (NOA) affect the required EVV information?

A: Providers are required to insert the information provided on the Notice of Action (NOA) into their chosen EVV solution. The NOA will contain the member's authorized units of service as well as the authorized reimbursable dollar amounts. If providers receive a retroactive NOA, they can create a manual EVV record and indicate that these records are due to a retroactive NOA change. This guidance applies to the Sandata State-sponsored EVV solutions; alternate vendor users should consult with their vendor on additional actions needed.

Q: How do providers capture EVV records for service being performed overnight?

A: Employees should clock in when they arrive to render services and clock out upon finishing the overnight shift.

Q: How do providers handle shared staffing situations for EVV?

A: For providers that have multiple staff members serving more than one client, the IHCP recommends the following approach:

- Step 1: Start a Group Visit (add all individuals receiving the services).
- Step 2: The second staff person should search for at least one of the individuals who started the visit.
- Step 3: Join the Group Visit using the six-digit Group Visit code.

Q: What should agencies do if they provide services to a member in multiple locations?

A: If a client has more than one address where he or she can receive care, providers should add each additional address to the member's EVV information record. If a provider renders services to a member at an unknown location, the provider will need to clear an exception for the service location in their chosen EVV platform.

For Sandata (State-sponsored) Users

Q: How do I reset my account password?

A: Providers are encouraged to use the “Forgot Password” function before they are locked out of their account; multiple unsuccessful account attempts will lock the account and require unlocking by IHCP Customer Assistance.

To reset your password, providers should use the following process:

1. Click **Forgot Password** on the Sandata application.
2. Enter the email address (username) used to log in to the Sandata application.
3. Click **Reset Password** and receive the temporary password.
4. Enter the temporary password in the Old Password field.
5. Create and enter a new password in the New Password field.

Q: How do I locate my Sandata agency ID?

A: Providers can locate their agency ID by reviewing the Call Reference guide included in the provider’s welcome kit email. The agency ID will begin with an STX. When logging in to the Sandata EVV Portal, providers must include the STX in addition to the agency ID.

Q: If I am locked out of my agency account after unsuccessful password attempts, how do I unlock my account?

A: Providers should call IHCP Customer Assistance at 1-800-457-4584, option 5, during normal business hours, Monday through Friday (8 a.m. to 6 p.m.), to have their account unlocked.

Q: How do I navigate Sandata Customer Care?

A: Providers are encouraged to follow the three-tiered customer service process:

- Tier 1: Providers should call IHCP Customer Assistance at 1-800-457-4584, option 5. The customer representatives will be able to assist with most EVV-related issues.
- Tier 2: If IHCP Customer Assistance is unable to resolve a concern, the issue will be escalated to the Sandata Customer Care team.
- Tier 3: If the Sandata Customer Care team is unable to address the issue, they will review the issue with Tier 3 support. This level of support is accessible only by Sandata directly.

Q: What should I do if I’m not getting a response from Sandata Customer Care?

A: Providers can email EVV@fssa.in.gov. Please include your Sandata Customer Care ticket number as well as all pertinent information demonstrating an attempt to contact Sandata using the tiered approach described previously.

Q: How do I search for an individual member?

A: In the Sandata EVV Portal, agency employees can search for members using one of the following:

- Client ID
- Client First Name
- Client Last Name

In the Sandata Mobile Connect (SMC), employees can search for members using the Client ID. If they do not know the Client ID, they can start an unknown client search and search using the Member ID (also known as RID).

For Alternate EVV Vendors

Q: How do I access the Sandata Aggregator?

A: For providers using an alternate EVV vendor, after you have completed the testing integration process, you will be provided with a temporary password. You will be prompted to change that password for a new permanent password. When you log in to the Aggregator, you will use your email address as your username and new password. If you are a Sandata Solution provider and would like to log in to the Aggregator for read-only access, you will use the same email address and password as your Sandata login but will not enter your STX agency ID.

Q: How long does it take to receive production credentials?

A: The request depends on if the vendor has passed testing:

- If your vendor has passed testing with an agency in Indiana – The request will be processed within several days of receipt.
- If your vendor has not passed testing with an agency in Indiana – The request will depend upon how long it takes for your vendor to complete testing.

Q: What should I do if I'm not seeing my visits in the Sandata Aggregator?

A: If an agency is not seeing EVV records in the Aggregator, please submit a service ticket through the INAltEVV@sandata.com email inbox.