

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 of Indiana 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 require EVV?

A: The IHCP has developed the *Service Codes That Require Electronic Visit Verification* document to identify specific services that are subject to EVV requirements. The document is accessible from the [Code Sets](#) page at in.gov/medicaid/providers. The document includes applicable codes for **personal care services** (covered under select Home- and Community-Based Services [HCBS] benefit plans) and **home health care services**.

Q: How does EVV affect billing and reimbursement?

A: Providers will continue to be reimbursed according to the authorized dollar amounts as provided within a member's service authorization. To minimize issues matching claims to the appropriate EVV record, providers should not span more than one month within a service detail on the claim. If providers wish to bill for more than one 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 is 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: 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: 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 supplies the EVV system? Can I use my existing EVV system, or am I 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: Can an agency switch from the state’s EVV system to an alternate EVV vendor?

A: Yes, it is permissible to switch from the state-sponsored EVV system (Sandata) to an EVV system from an approved alternate vendor. To initiate the process, providers should complete and submit the [Indiana Medicaid Home Health Alternate EVV New Provider Registration form](#) to receive their alternate EVV credentials. Providers must continue to use the Sandata EVV system until they receive their production credentials to submit EVV records via their alternate EVV vendor. Sandata will deactivate the account at a certain point.

Note: Sandata will not push data records created in the Sandata system to the alternate EVV vendor. The provider and the alternate EVV vendor will need to run a query to identify EVV records in the Sandata system. Those records will need to be pulled into the alternate EVV vendor system.

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: When did the requirement to use an EVV system go into effect, and when did enforcement begin through EVV-related claim edits?

A: The IHCP requires providers to use an EVV system to document personal care services rendered on or after **Jan. 1, 2021**, and home health services rendered on or after **Jan. 1, 2024**.

Within the claim-processing system, EVV-related edits for affected services were turned on starting **April 1, 2024**, for personal care services, and **July 1, 2024**, for home health services. Claims for applicable personal care or home health service codes submitted on or after those dates will deny if EVV data for the claim is missing or inaccurate. See *IHCP Bulletin* [BT202248](#) for more information about EVV-related claim edits.

Q: Where can I find training on the EVV system?

A: See the [Electronic Visit Verification Training](#) page at in.gov/medicaid/providers for information on training.

Q: Whom 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 inxixevv@gainwelltechnologies.com or call IHCP Provider Customer Assistance at 800-457-4584, option 5.

Technical Requirements, Connectivity Issues and Other System-Related Questions

Q: What methods can be used to record visits and transmit 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](#) at evv.sandata.com. 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](#) page at in.gov/medicaid/providers.

Note: *An agency will not be penalized if they do not upload data each day (for example, on weekends); however, an agency must ensure that there is coordination between staff that uploads the data and the staff that bills the claims. If there is not an EVV record to match up to the claims the biller submits, then the claim will be denied. Daily uploads minimize the potential for denied claims due to lack of an EVV record.*

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 a person receiving a service 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 on provider agencies, how will the state handle the reimbursement of the significant time spent on exceptions like these?

A: The mobile visit solution does not require the signature or voice response from the member.

Q: Has the state removed the GPS exception and if so, what does that mean for the one-mile radius requirement?

A: As announced in *IHCP Banner Page [BR202130](#)*, the state has removed the EVV record exception for GPS Distance. This change impacts both the Sandata state-sponsored EVV system as well as alternate EVV systems using mobile visit verification:

- This change means that EVV records will no longer need to be modified when the GPS location captured through mobile visit verification fails to match the location associated with the IHCP member.
- Providers are reminded that, when using mobile visit verification, they are still required to capture the location through GPS.
- For providers that use telephonic visit verification, Sandata will review all provider accounts to ensure that the EVV record exception, Unmatched Client ID and Phone, is correctly enabled.

Note: Sandata users can find information about EVV record exceptions in the *Agency Provider Participant Guide*, accessible through the [Sandata Zendesk](#) at [sandata.zendesk.com](#).

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 the 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 complete and submit the [Indiana Medicaid Home Health Alternate EVV New Provider Registration form](#) to receive their alternate EVV credentials.

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

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

After your email address has been updated on your IHCP provider profile, you will need to do the following, depending on what system you use:

- For Sandata (state-sponsored EVV system) users – Three options are available to submit the email change:
 - Log a ticket with Sandata via the [Sandata Zendesk](#) at sandata.zendesk.com
 - Email inxixevv@gainwelltechnologies.com
 - Call IHCP Customer Assistance at 800-457-4584, option 5
- For alternate EVV system users – Email inAltEVV@sandata.com and your alternate EVV vendor to notify them of 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 system) users – Please include each IHCP Provider ID in your request for a welcome kit for each IHCP enrolled location. If you need to add additional locations, email inxixevv@gainwelltechnologies.com.
- For alternate EVV system 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: If a provider submits a batch of claims and there is an issue with an EVV record for one client, will the entire batch deny?

A: Even if claims are submitted as a batch, each claim will be reviewed record by record; therefore, if there is an issue with one claim, the issue should be isolated to just that one.

Q: What explanation of benefits (EOBs) will a provider see if claims are denied due to EVV?

A: Please refer to [BT202248](#).

Providers should check their remittance advice (RA) for the following EOBs, which indicate a claim denial due to an issue with EVV:

- 0950/0951 – *Matching EVV data not found.* (EVV record is not present or does not match all EVV visit information.)
- 0952 – EVV Aggregator units less than units submitted on the claim, provider should verify EVV Aggregator information. (Provider billed more units than the EVV record supports.)

Note: *During the soft launch period, before the edits have been turned on in the claim-processing system, these informational EOBs inform providers the reason the claim would deny if the EVV-related edits were turned on.*

Q: How does the service authorization affect the required EVV information?

A: Providers are required to insert the information provided on the service authorization or prior authorization into their chosen EVV system. The service authorization will contain the member's authorized units of service as well as the authorized reimbursable dollar amounts. If providers receive a retroactive service authorization, they can create a manual EVV record. This guidance applies to the Sandata state-sponsored EVV system; alternate vendor users should consult with their vendor on additional actions needed.

Q: Are units rounded in the EVV record?

A: When a provider transmits an EVV record, it will show the clock-in and clock-out time of the employee. However, when the individual record is accessed to view the visit information, the EVV record shows the employee time (in hours and minutes) and the number of units, rounded according to the system’s rules.

Note that the rounding rules used in the EVV records may not be same as the rounding policies required for billing and reimbursement. Providers are to bill based on the IHCP policy of rounding, as indicated in *IHCP Bulletin BT2024129*, **not** the rounded-up units they may see when viewing the EVV record. See [Table 1](#) for rounding guidance when billing home health or personal care services that have 15-minute, 1-hour or 1-day (per diem) units of measure. Each EVV record for the service provided (based on clock-in and clock-out time of employee) stands alone.

Note: EVV records are not changed when calculating units to bill. The original clock-in and clock-out time must remain on all EVV records that are captured at the time of service, and must be transmitted to the Sandata Aggregator as is, regardless of the EVV system used. These clock-in and clock-out times reflect the actual time services were provided and are mandatory to remain as captured.

Table 1 –Rounding Rules for Claim Billing

Unit of Measure	Rounding Rules for Billing and Reimbursement	Examples
15 minutes	No partial units allowed 0–7 minutes = 0 units 8–15 minutes = 1 unit	Example 1: Visit duration = 5 minutes Billable units = 0 units Example 2: Visit duration = 25 minutes Billable units = 2 units Example 3: Visit duration = 31 minutes Billable units = 2 units
1 hour	Personal Care Services (HCBS Waiver) Partial units allowed Treated as four 15-minute segments Use same rounding rule as for 15-minute services Calculation: Number of minutes divided by 60, rounded to nearest quarter unit	Example 1: Visit duration = 15 minutes (0.25 hour) Billable units = 0.25 unit Example 2: Visit duration = 16 minutes (0.27 hour) Billable units = 0.25 unit Example 3: Visit duration = 3 hours, 10 minutes (3.17 hours) Billable units = 3.25 units
	Home Health Aide or Home Health Nursing Services No partial units allowed For the first hour: Any amount of time = 1 unit (if a service is provided) After the first hour: 0–7 minutes = 0 units 30–60 minutes = 1 unit	Example 1: Visit duration = 15 minutes Billable units = 1 unit Example 2: Visit duration = 3 hours, 15 minutes Billable units = 3 units Example 3: Visit duration = 3 hours, 30 minutes Billable units = 4 units
Per diem	No partial units allowed Any amount of time = 1 unit	Example 1: Visit duration = 15 minutes Units allowed = 1 unit Example 2: Visit duration = 4 hours Units allowed = 1 unit

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

A: Employees should clock in when they arrive to render services and clock out upon finishing the overnight shift. The date of the clock-in time is used to bill the entire shift regardless of the clock-out date.

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: Where does the IHCP require providers to capture the service location?

A: Per *IHCP Bulletin* [BT202060](#), the IHCP requires providers to capture the specific location where the service starts and stops, regardless of whether that location is in the home or community.

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 the client 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.

Q: What should agencies do if they are not seeing provider visits in the Sandata Aggregator?

A: If an agency is not seeing EVV records in the Aggregator, please do the following:

- **For Sandata Portal users:** Contact inxixevv@gainwelltechnologies.com.
- **For alternate EVV users:** Submit a service ticket to Sandata at INAItEVV@sandata.com or Contact the alternate EVV vendor for assistance.

For Sandata (State-Sponsored EVV System) 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 Password field on the login screen.
5. Enter the temporary password in the Old Password field.
6. 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 Welcome Kit letter or 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 Portal](#) at evv.sandata.com, 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 800-457-4584, option 5, during normal business hours, Monday through Friday (8 a.m. to 6 p.m. Eastern Time), 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 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 Tier 2 at inxixevv@gainwelltechnologies.com. If the issue is not resolved, the Tier 2 representative will log a ticket with Sandata on the Sandata Zendesk.
- Tier 3: If the customer service team at the Zendesk is unable to resolve the issues, they will escalate the ticket to Sandata Customer Care. 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 inxixevv@gainwelltechnologies.com. Please include your agency ID and the 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 Portal, agency employees can search for members using one of the following:

- Client ID
- Client First Name
- Client Last Name

If the above process does not render the information expected, remove all search criteria and click **Search** to review a full listing of all clients entered into the Sandata Portal.

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 on your credentials email from Sandata. When you log in using only your username and 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.