



Electronic Visit Verification Refresher

Indiana Health Coverage Programs
Gainwell Technologies
2026 IHCP Works Annual Seminar



Agenda

- Program Integrity
- Sandata Welcome Kit
- Rounding Rules
- Data Entry Help
- Visit Data
- Claim Research
- Helpful Tools and Resources
- Helpful Tools





Program Integrity



Visit Integrity



The *21st Century Cures Act* directs state Medicaid programs to require providers of personal care services and home health services to use an electronic visit verification (EVV) system to document services rendered. Federal law requires that providers use the EVV system.



The intent is to capture the visit at the time of the visit by logging in when the services begin and logging out when the services end.



Manual correction and entry is allowed; however, it should be used sparingly and only on an emergency basis. Examples are the app failed and the Telephonic Visit Verification (TVV) option is unable to be completed as well.



Manual entry and alterations must have documentation to support any services including the time the service starts and the time the service ends.



Capturing the Service Location



The IHCP requires providers to capture the specific location where the service starts and stops regardless of the location.



Failing to use Geolocation can put the provider at risk of audits



Sandata Welcome Kit



How to get a Welcome Kit

Provider not currently using the Sandata free state solution

- [Sandata Learn](#)
- Send copy of certificate to inxixevv@gainwelltechnologies.com
- Register on [HHAeXchange](#) to obtain the Welcome Kit within minutes

Providers with additional new enrollments or re-enrollment

- Register on [HHAeXchange](#) to obtain the Welcome Kit within minutes

Providers that use alternate (ALT) Electronic Visit Verification (EVV) systems do not use the Sandata Welcome Kit

- Complete the form at The FSSA [Alternate EVV Provider Registration Page](#) for vendor credentials
<https://evv-registration.sandata.com/provider-registration>



What does the Welcome Kit include?

- Indiana Family Social Services Administration Electronic Visit Verification Supplemental Training Material
- Rounding Rules
- Sandata EVV Agency Provider Participant Guide Master
- EVV required Service Codes
- Welcome Kit letter
- Telephonic Visit Verification (TVV) instructions
- Links to videos for SMC (Sandata Mobile Connect) training
- Task List Service List



EVV Information and Resources

The [*EVV Supplemental Training Material*](#) document provides a crosswalk from procedure-code-modifier combinations to:

- Service description
- Billing unit of measure
- Selection for mobile app and Sandata Mobile Connect (SMC)
- Code for TVV call

Payer	HCPCS Code	Modifiers	Service Description	Billing Unit of Measure	Selection for Mobile/SMC (*)	Code for TVVCall
IN FSSA	97535	U7	Participant Assistance and Care	15 Mins	RBHA (TBI)	101
IN FSSA	H0034	UB	Medication Training and Support Services, individual	15 Mins	MTS w/indv (AMHH)	102
IN FSSA	H0034	UB, HR	Medication Training and Support Services, family/couple w/individual	15 Mins	MTS fam w/indv (AMHH)	103

Refresh your EVV knowledge by logging into the training pages on [Sandata](#)



Rounding Rules



Rounding Rules Examples

Unit of measure	Rounding Rule	Examples
15 minutes	7 minutes or less, do not round up 8 minutes or more, round up to the next unit	Example 1: Visit duration 1 hour 7 minutes Units Allowed = 4 units Example 2: Visit duration 1 hour 8 minutes Units Allowed = 5 units

See Indiana Health Coverage Program (IHCP) Provider Bulletin [BT2024129](#)



Rounding Rules Examples

Unit of measure	Rounding Rule	Examples
1 hour	Partial units allowed treated as four 15-minute segments Use same rounding rule as for 15-minute services to determine the .25, .5, or .75 measure Calculation: # of minutes divided by 60, rounded to two decimal places	Example 1: Visit duration = 15 minutes (.25 hours) Units allowed = .25 units Example 2: Visit duration = 16 minutes Units Allowed = .25 units Example 3 Visit duration = 3 hours 10 minutes Units allowed 3.25 units

Can you calculate these units using the IHCP Rounding Rules for a 15-minute per unit service?



Bill Hours	Visit Status	⚙	Do Not Bill	Units
03:05	Verified		☐	13
03:25	Verified		☐	14

3 hours 5 minutes = 12 units

3 hours 25 minutes = 14 units

**Can you calculate these units
using the IHCP Rounding Rules
for a 1-hour service per unit measure?**



1 Hour = 1 Unit

07:38	Verified	☐	7.75
11:48	Verified	☐	12

7 hours 38 minutes = 7.75 units

11 hours 48 minutes = 11.75 units



Data Entry Help

Where does the authorization come from?



The waiver case manager is responsible for completing the service plan that results in an approved service authorization that is sent to the provider and member.

The service authorization form details:

- Member information
- Waiver-funded services
- Number of units and dollars for the waiver service to be provided
- Name of the authorized waiver provider
- Approved billing code with the appropriate modifiers

Service Authorization Information



A provider must have received the authorization information before rendering services and can only bill for the services allotted on the service authorization form.

SERVICES APPROVED										
Service Provider										
Billing Code	Mod #1	#2	#3	#4	Start Date	Stop Date	Unit Size	Unit Rate	Current Units	Current Cost
T2020	U7	U5					Per HOUR		67.00	1509.51
T2020	U7	U5					Per HOUR		68.00	1532.04

Must bill exactly what is on the service authorization

Dates on claim must be within the parameters of each date range

Unit size indicates how time is calculated; Unit rate is the charged amount for each unit

Approved dollar amount for each date span



Service Authorization

- Claims deny if no authorization exists in the database, if the authorization has been exceeded or if a code other than the approved code is billed.
- Providers are not to render or bill services without an approved service authorization.
 - Providers should continue to check eligibility that could change in the future after the Service Authorization is received.
- It is the provider's responsibility to contact the case manager if there is any discrepancy in the services authorized or rendered on the approved service authorization.

Gainwell cannot correct discrepancies between the service authorization form and what is submitted to CoreMMIS; only the case managers can.

If additional assistance is needed, contact
OMPPCareManagement@fssa.in.gov

Verify Eligibility



INDIANA MEDICAID *for Providers*Contact Us | FAQs | Logout

[My Home](#) **Eligibility** [Claims](#) [Care Management](#) [Resources](#) [Switch Provider](#)

Eligibility Verification Request

* Indicates a required field.
Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID		Last Name		First Name	
SSN *		Birth Date *			
*Effective From		Effective To			

Benefit Details

Coverage	Description	Effective Date	End Date
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/02/2024	07/02/2024
Qualified Medicare Beneficiary	Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums	07/02/2024	07/02/2024
Family Supports HCBS Waiver	Authorized Family Supports HCBS Waiver services found in the Notice of Action (NOA)	07/02/2024	07/02/2024

Fee-for-Service Waiver Eligibility



Benefit Details			
Coverage	Description	Effective Date	End Date
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/02/2024	07/02/2024
Qualified Medicare Beneficiary	Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums	07/02/2024	07/02/2024
Family Supports HCBS Waiver	Authorized Family Supports HCBS Waiver services found in the Notice of Action (NOA)	07/02/2024	07/02/2024

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Fee for Service + NEMT			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
07/02/2024	07/02/2024	VERIDA, INC	

PathWays Eligibility



Benefit Details 			
Coverage	Description	Effective Date	End Date
Aged and Disabled HCBS Pathways	Aged and Disabled HCBS Pathways	07/02/2024	07/02/2024
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/02/2024	07/02/2024

Managed Care Assignment Details 			
Managed Care Program		Primary Medical Provider	Provider Phone
Indiana Pathways for Aging			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
07/02/2024	07/02/2024	UNITEDHEALTHCARE COMMUNITY PLAN	1-877-610-9785

This claim **CANNOT** be filed on the IHCP Provider Healthcare Portal.
In this example, it must be filed with the PathWays member's managed care organization (MCO) - UnitedHealthcare.



Data Entry - Client Payer

- Member's payer must be listed
- Update when member changes payer

Client Payer

* indicates required field

PAYER *

Select Payer

PROGRAM *

Select Program

SERVICE *

Select Service

CLIENT PAYER ID

Enter Client Payer ID

FROM DATE * MM/DD/YYYY

Select From Date

TO DATE MM/DD/YYYY

Select To Date

History

ADD

FROM DATE	TO DATE	CLIENT PAYER ID	PAYER	PROGRAM	SERVICE	ACTIONS
02/19/2025			INHUM	HUM	HUM - ATTC Agency (A&D/TBI)	
02/19/2025			INHUM	HUM	HUM - HMK Agency (A&D/TBI)	

- HUM - HMK Agency (A&D/TBI)
- HUM - HMK Non-Agency (A&D/TBI)
- HUM - RHHA (A&D/TBI)
- UHC - ATTC Non-Agency (A&D/TBI)
- UHC - ATTC Agency (A&D/TBI)
- UHC - HMK Agency (A&D/TBI)
- UHC - HMK Non-Agency (A&D/TBI)
- UHC - RHHA (A&D/TBI)
- ATM - ATTC Non-Agency (A&D/TBI)

Client Payer History



New payer approvals cannot cross over the dates in the client history

View / Edit Payer History

CLIENT NAME	CLIENT ID #	MEDICAID ID #	SUPERVISOR
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

FROM DATE	TO DATE	CLIENT PAYER ID	PAYER	PROGRAM	SERVICE	ACTIONS
11/01/2025	11/30/2025		INFSSA	Indiana	ATTC Agency (A&D/TBI)	
03/01/2024	07/28/2024		INFSSA	Indiana	ATTC Agency (A&D/TBI)	

Showing 1 to 2 of 2 entries

CLOSE



Visit Data



What to do before billing?

Sandata Portal Users

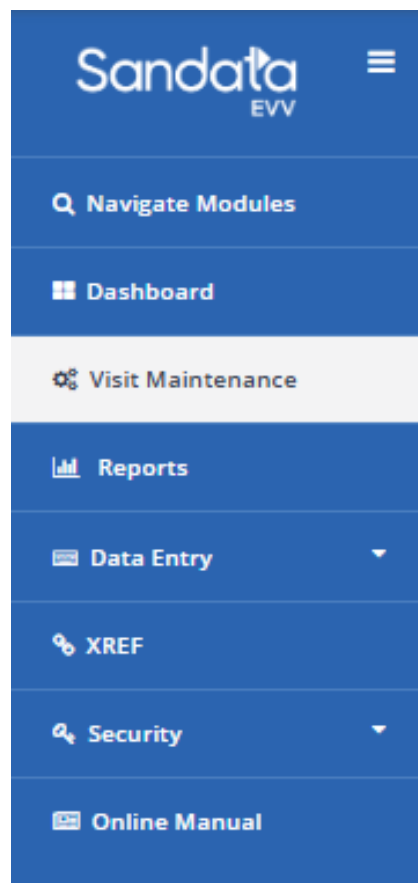
- Confirm all shifts have been entered into the Sandata Portal and are in VERIFIED status
- Calculate units per shift

Alternate EVV Users

- Confirm all shifts are complete in your vendor system
- Confirm all shifts have been transmitted into the Sandata Aggregator and show the shift is in Verified status
- Calculate units per shift



Am I in the right location?



The free state solution provides all required options for EVV compliance.

Mastering the visit search

Searching for proof of service – EVV records



Select a Visit

* indicates required field

DATE RANGE * MM/DD/YYYY		CLIENT	EMPLOYEE
08/17/2026 to 08/17/2026		Enter Client	Enter Employee
PAYER	PROGRAM	SERVICE	CATEGORY
Select Payer	Select Program	Select Service	Select Category
VISIT STATUS	CLIENT MEDICAID ID	FILTER VISITS BY	
Select Visit Status	Enter Client Medicaid ID	All Exceptions	

Show advanced filter options ▾

Q SEARCH

CLEAR

How to Save Filtering by All Visits as Default



[Show Advanced Filter Options ▼](#)

Form interface showing filter settings:

VISIT STATUS
Select Visit Status ▼

CLIENT MEDICAID ID
Enter Client Medicaid ID

FILTER VISITS BY
All Visits ▼

CALL TYPE
Select Call Type ▼

EMPLOYEE OTHER ID
Enter Employee Other ID

SUPERVISOR
Select Supervisor ▼

DEPARTMENT
Select Department ▼

SAVE SETTINGS **RESET**

Hide Advanced Filter Options ▲

A red arrow points from the **SAVE SETTINGS** button to the **Hide Advanced Filter Options ▲** button.



Viewing Visit Data

Client Name		Employee Name		Service	Visit Date	Call In	Call Out
				ATM - ATTC Agency (A&D/TBI)	06/01/2026	09:00 AM	02:59 PM
				ATTC Agency (A&D/TBI)	06/01/2026	08:00 AM	
				HUM - ATTC Agency (A&D/TBI)	06/01/2026	09:00 AM	



Viewing Visit Data, continued

↓	↓	↓	↓	
Bill Hours	Visit Status	⚙	Do Not Bill	Units
04:10	Processed		☐	17
04:15	Processed		☐	17
06:00	Processed		☐	24



Billing Options – It's a choice

- Bill each date on a separate detail
 - More time-consuming preparing billing

BUT

 - More precise accounting
 - Working claim denials is less complicated

!!!IMPORTANT!!!

Never cross from one month to the next on a single detail.

- Bill all dates in a span
 - Accounting for individual units billed for dates

BUT

 - Less time-consuming when billing
 - Can make working claim denials more complicated



Claim Research



Researching Denials



First determine why the claim is denied.

- Log into the IHCP Portal
- Search by claim Internal Control Number (ICN) or member ID and date of service range
- Click on the claim ICN link
- Go to the bottom of the page
- Open the section labeled EOB (Explanation of Benefits) by clicking the plus (+) sign
 - Adjustment Reason Codes and Remarks are National codes
 - Not as detailed for knowing why the IHCP has denied your claim



Reviewing EOBs

Denial Example #1

EVV Does not match

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	0952	EVV AGGREGATOR UNITS LESS THAN UNITS SUBMITTED ON THE CLAIM, PROVIDER SHOULD VERIFY EVV AGGREGATOR INFORMATION.

- For EVV-related denials or suspended claims, look for EOB codes
- 0951 or 0952 – EVV denied reasons
- 0958 or 0959 – EVV suspended reasons
- EVV is the **last** edit the claim does, other than the editing to ensure caregiver information is in the notes section (for applicable services):
 - EOB code 4405 - *Missing Family/Attendant Caregiver name and relationship to member (BT2024183) Structured Family Caregiving*



Researching Denials for EVV

EOB code 0958 or 0951 indicates that no matching EVV is found.



First, check to be sure the EVV is in Sandata and there when the claim was billed. If it was not, and it is there now, rebill the claim.

If you use an alternate EVV system, all your EVV must be in the Sandata Aggregator.



If the EVV was there, something in the records does not match the claim. Check Member ID, dates of service, service, payer on the service, the provider that billed it and the units.

If there are any duplicate or overlapping dates and times for the same caregiver, that will cause the claim to be unable to match any records.



Steps for Research

EOB code 0959 or 0952 indicates the units on the claim are more than the unit calculation per the EVV record proof of services.

First, make sure all the EVV was on Sandata prior to billing. If you use an alternate EVV system, all your EVV must be in the Sandata Aggregator.

The units on the EVV records need to be recalculated and compared to the units billed on the claim.

After the units are recalculated, if they are less than billed, the claim must be rebilled for the correct units.



Reviewing EOBs

Denial Example #2

Prior Authorization Not Found

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	3001	DATES OF SERVICE NOT ON THE P.A. MASTER FILE.

The code billed requires authorization and the date(s) of service indicated on the claim do not fall within the start/stop dates authorized for the service rendered.

OR

The modifier(s) on the claim do not match the authorization information provided by the case manager.



Helpful Tools and Resources

EVV Contacts



Customer Service

Immediate assistance
800-457-4584 option 5
8:00 am to 5:00 pm EST
Monday through Friday



EVV mailbox at Gainwell

inxixevv@gainwelltechnologies.com



Alternate EVV assistance

Sandata Customer Service
for alternate EVV users
only

inaltevv@sandata.com



EVV Information and Resources on the IHCP Provider Website

The IHCP Provider website has EVV information and resources:

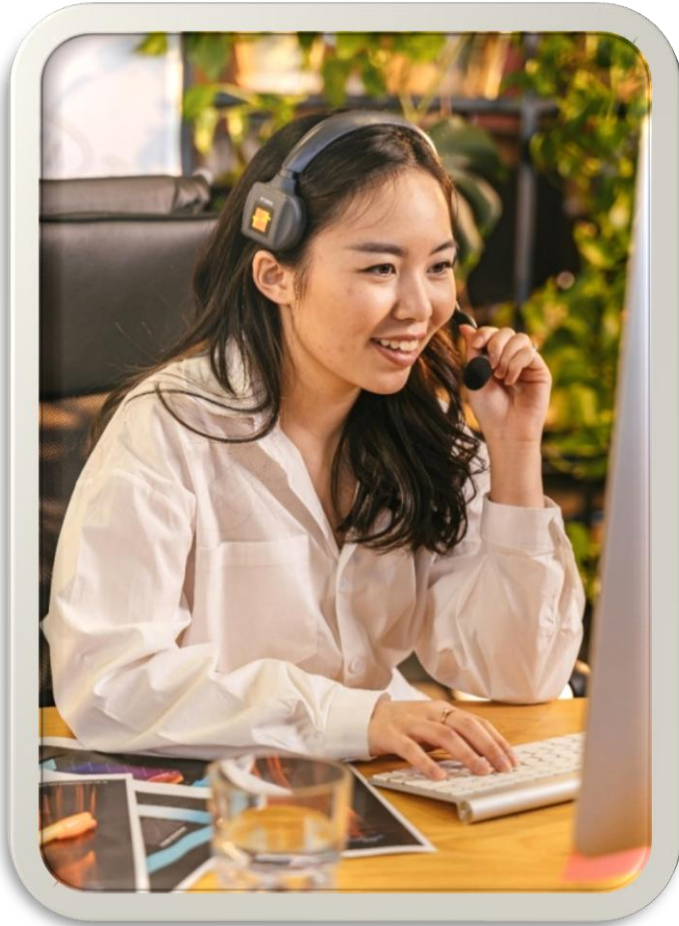
- What is EVV
- Alternate EVV system specification documents
- EVV-related bulletins and town hall recordings
- Table of services (procedure code and modifier combinations) that require EVV

See [Electronic Visit Verification](#) webpage, under the Business Transactions menu at in.gov/medicaid/providers



Helpful Tools

Useful Information



[Indiana Medicaid for Providers website](#)

[IHCP Provider Reference Modules](#)

[IHCP Bulletins](#)

Sign up for [email notifications](#) to receive weekly summaries of new and updated bulletins, modules and other publications.

Customer Assistance

800-457-4584

8 a.m. - 5 p.m. Eastern Time Monday – Friday

[Provider Relations Consultants](#) by region

Secure Correspondence via the [IHCP Provider Healthcare Portal](#)

*(After logging in to the IHCP Portal, click the **Secure Correspondence** link to submit a request.)*

Provider Relations Consultants



Areas Covered	Consultant	Email	Telephone
Region 1 plus Chicago/Watseka, IL, and Sturgis, MI	Michelle Walls	INXIXRegion1@gainwelltechnologies.com	317-488-5071
Region 2 plus Danville, IL	Jill Harris	INXIXRegion2@gainwelltechnologies.com	317-488-5080
Region 3	Open	INXIXRegion3@gainwelltechnologies.com	317-488-5324
Region 4 plus Cincinnati/Harrison and Hamilton/Oxford, OH	Kassandra Johnson	INXIXRegion4@gainwelltechnologies.com	317-488-5153
Region 5	Virginia Hudson	INXIXRegion5@gainwelltechnologies.com	317-488-5186
Region 6	Open	INXIXRegion6@gainwelltechnologies.com	317-210-2618
Region 7 plus Louisville and Owensboro, KY	Tami Lott	INXIXRegion7@gainwelltechnologies.com	317-286-6894
All out-of-state providers except those in the previously listed cities	Judy Green	INXIX_OOS@gainwelltechnologies.com	317-488-5026



Questions

Thank you for attending!

By taking a few moments to complete the event and session evaluations, you help us understand your experience and shape the future of our programs.

