

DHS EVV Public Meeting April 23, 2021

Questions and Answers

ALTERNATE EVV

Q: Our EHR vendor is planning to develop a solution for PA EVV. If I apply for test credential when they are ready, will that in any way interfere with our production use of Sandata EVV?

A: Nothing happens when you get your test credentials. Receipt of test credentials is only one step of an 8-step process. You will need to complete the certification process before your Alternate EVV system would go-live and your Sandata account would be closed. As part of the certification process, you will work with Sandata to identify the date when this will occur. You will still have access to the Sandata data prior to the Alternate EVV go-live.

Q: Is it possible for our organization to have some staff using Sandata EVV and others using Alternate EVV? We have staff currently using TVV only – will they be able to continue to use Sandata EVV?

A: If this is a business need, Sandata can support this. While working with the Sandata Alternate EVV team, you will need to let them know your plans. You will need to establish business processes to ensure both EVV solutions are supported for visit record maintenance and security purposes.

Q: Do you have a list of Alternate EVV vendors that have completed the Alternate EVV certification process?

A: The current list of certified Alternate EVV vendors may be found on the DHS EVV website here: <https://www.dhs.pa.gov/providers/Billing-Info/Documents/Certified%20Alternate%20EVV%20Vendors%205.4.21.xlsx>

Q: Can we modify the Aggregator so that vendors that use Alternate EVV can also make changes to the data without going back to the Alternate EVV vendor?

A: The EVV data flows from the Alternate EVV system into the DHS Aggregator. Since the data flows one-way, the DHS Aggregator portal is read-only and edits are not possible within the DHS Aggregator portal.

Q: What does HHAExchange fall under, Alternate EVV or DHS Sandata?

A: HHAExchange is an Alternate EVV vendor.

Q: When printing out reports or just viewing a service, why aren't the units automatically displayed? Your system doesn't let me print out a report that shows the dates, times and units.

A: In the Aggregator, there are automatic fields when you do a search. There are other fields in the Aggregator that you can choose from to query. In this instance, you will need to select "units" and run your query. You will need to export the data from the Aggregator into an Excel spreadsheet in order to print the report.

SANDATA

Q: Will Sandata users be required to use the billing module?

A: Use of the billing module in the DHS Sandata EVV system will be optional. Any providers selecting to use the billing module will need to use the scheduling module as well.

Q: When will response times from Sandata support improve?

A: The Department continues to work with Sandata to ensure tickets are responded to in an acceptable timeframe and issues are routed to the appropriate party for review and response. When reaching out to PAC and/or Sandata Alternate EVV team, you should receive a ticket number. This ticket number is crucial to having a record of the issue and allows for tracking and monitoring with Sandata.

It is also important to include as much information as possible related to your issue when reaching out for assistance. The following information should be included for the quickest possible review and response to your issue:

- Specific issue (with details), a quality image of the error (screenshot/ examples), additional details
- Steps taken to receive the error
- Complete Contact Information, including: Provider Name, Medicaid ID, STX Number, Contact Name, Email, and Direct Phone #

When reaching out to PAC or the Sandata Alternate EVV team, you may copy DHS on emails at the following email address: RA-PWEVVISSUES@pa.gov If you have not received a response to your ticket and the issue needs to be escalated, please email DHS at RA-PWEVVISSUES@pa.gov

Q: Do I need a separate Sandata account for just the PH-MCO payors? Or can I use the same Sandata account for OMAP and PAABH/PAGEIS?

A: The DHS Sandata EVV is only available for the Fee-For-Service (FFS) programs (ODP/OLTL/OMAP FFS). If you are using an Alternate EVV vendor to send your FFS visits to the DHS Aggregator, that same vendor and account can be used to send the PAABH/PAGEIS EVV visits to the Aggregator.

****If you do not have an Alternate EVV vendor that provides this service, AND you are using the DHS Sandata EVV then you can request an “Aetna Sandata EVV” system with Sandata by emailing your Provider Information and STX number to: PAAetnaAltEVV@sandata.com. Please indicate you would like to “opt-in” for the Aetna Sandata EVV in your request. Note- you must have access to the DHS Sandata EVV first to have access to the Aetna Sandata EVV. Currently this option is not available with Geisinger****

MANUAL EDITS

Q: What can we do when we have aides with location issues due to building signals?

A: If using the mobile application of the DHS Sandata EVV system, the caregiver will still be able to clock in and out without a cell signal. Many Alternate EVV systems also have this

functionality. If a visit cannot be captured at the point of care, a manual entry of the visit will be required. Manual edits of visits are acceptable and allowed; however, they should be kept to a minimum and providers should keep total manual edits for each quarter under 50% of their total visits.

Q: Can we use timesheets as hard copy when we make manual edit exceptions?

A: Yes, timesheets are acceptable as hard copy documentation for manual edits. It is important for providers to include information necessary for auditing purposes.

Q: If an aide forgets to clock in and out, can we manually enter the visits in the system after confirming with the patient?

A: Yes, the visit can be manually edited to include a missed clock in or out. This should be documented in the event of an audit. Providers must determine what is sufficient for documentation to meet claims policy requirements.

Q: Can we bill for visits that have been manually edited?

A: Yes, manually edited visits can be billed. If you are having issues with billing, please reach out to the appropriate program office for claims assistance:

ODP Claims Resolution Section 1-866-386-8880, or email: RA-odpclaimsres@pa.gov

Hours of operation: Monday-Friday, 8:30 a.m.-noon and 1-3:30 p.m.

OLTL Provider Call Center 1-800-932-0939

Hours of operation: Monday-Thursday, 9 a.m.-noon and 1-4 p.m.

OMAP Provider Inquiry Line 1-800-537-8862, choose option 2, then option 6, then option 1

Hours of operation: Monday-Friday, 8:00 a.m.-noon and 12:30 p.m.-4:30 p.m.

Q: Do we need to ask for a timesheet if the aide forgets to clock in or out?

A: This is up to provider-specific policy. When a caregiver forgets to clock in or out, a manual edit of the visit will be needed. Any manual edit requires hard copy documentation but it is up to the provider to determine what will be used as hard copy documentation.

Q: How can we see on the Sandata site the number of claims that are considered manual?

A: Sandata does not have claims data. Sandata only shows EVV visit data. When looking at manual edits, DHS is looking at visit data.

DHS AGGREGATOR

Q: When a batch sent to the EVV Aggregator has an error, do we fix the error and resend the entire batch or just send the corrected error?

A: Depending on the type of error received, the error could fail at the batch level or record level. If the error failed at the record level, the Alternate EVV record(s) that failed would need to be resubmitted. If the entire batch failed on a batch level error, then the entire batch would

need resent. Please see the “Error Handling Document” recently added to the DHS EVV website for additional information on errors: [Alternate EVV \(pa.gov\)](#)

OVERNIGHT VISITS

Q: Scenario 1: W7060 8 PM to Midnight, W1726 Midnight to 8 AM. If staff clocks out of W7060 at 11:59, then clocks in for W1726 at 12:00, they have missed the last unit of W7060. We now have to adjust that entry each time. EVV allows an overlap but it does not recognize an overnight service – example where staff clocks in at 11:59 has a date of service on the wrong date for the entire service.

Scenario 2: W1726 10:30 PM clock in, 7 AM clock out. Should staff clock out at 12:00 and back in at 12:01 so the full visit is billable without constant changes and accurate billing? 34 units from 10:30 PM to 7:01 AM (which it will have to be if staff must clock out at 12:00 and back in at 12:01) must set an alert in the EVV system. There needs to be a date change warning or some type of accommodation for an overnight visit. This manual edit affects our ODP limited edits.

A: The rules around check-in/check-out requirements remain the same. EVV does not affect or change access to care or the policy and provision of services. Service provision should support/align with the service definition found in the approved waiver(s) AND the services’ duration, frequency and scope as described in the individual’s approved plan. Please refer to [Office of Developmental Programs \(ODP\) EVV Technical Guide \(Version 2.0\)](#) — Updated: December 2020 that is posted on the DHS EVV website to understand billing options for when the same services are delivered to the same individual consecutively across midnight.

Q: Will a claim be denied if the services overlap based on time?

A: A claim will not deny when an overlap occurs with 2 different services rendered to the same participant. This is likely to occur when there is a change in staff person and a change in service to the same individual performed consecutively.

Q: Where can we find more information about how overnight visits are processed?

A: Please refer to [Office of Developmental Programs \(ODP\) EVV Technical Guide \(Version 2.0\)](#) — Updated: December 2020 that is posted on the DHS EVV website to understand billing options for when the same service is delivered to the same individual consecutively across midnight. To summarize the guidance found in this guide, please note the following:

- If a 15-minute service spans across midnight for the same participant, same provider and service delivery is less than 24 hours (96 units), the claim MUST have a “From DOS” and “To DOS” that is equal and reflects the date in which the service began.
- If a 15-minute service spans across midnight for the same participant, same provider and service delivery is greater than 24 hours (96 units), the claim should have a “From DOS” that reflects when the service began and a “To DOS” that reflects when the service was completed.

Q: Who do we email for help with ODP issues?

A: For questions related to billing, please contact the ODP Claims Resolution unit. This includes questions related to billing for overnight visits. Providers with technical issues may reach out to PAC or Sandata Alternate EVV team. Please make sure to include the following in your outreach:

- Specific issue (with details), a quality image of the error (screenshot), additional details
- Steps taken to receive error
- Complete Contact Information, Including:
 - Provider Name, Medicaid ID, STX Number, Contact Name, Email, and Direct Phone #

When reaching out to PAC or the Sandata Alternate EVV team, you may copy DHS on emails at the following email address: RA-PWEVVISSUES@pa.gov

PALCO

Q: Using PALCO Authenticare, we have to change times in and out to match 2:1 staffing. Is this acceptable?

A: DHS designed logic in the Aggregator that takes into account time differentials between both SSPs delivering a 2:1 service. The logic in the Aggregator looks at the earliest common time and the latest common time between both SSPs, for a 2:1 service. The minutes associated with this common time between SSPs is then converted to units, stored in the Aggregator and compared to the units found on the claim.