



Best Practices for Recording and Billing with Electronic Visit Verification (EVV)

This document includes information intended to provide technical guidance and help program providers and financial management services (FMS) vendors avoid EVV claim mismatches.

An EVV claim mismatch is when an EVV-required claim is submitted and there is not an EVV visit logged that matches all 6 points of data at the time of claim submission, causing the claim to error.

All recommendations contained herein assume familiarity with both EVV and regular billing practices as required by the Department of Health Care Policy and Financing (the Department). For additional information, trainings, and technical assistance documents, please review the [EVV Resources Page](#).

EVV Best Practices Overview

EVV provides a record of services delivered in near real time that must be submitted prior to billing and available in the Sandata Provider Portal or Data Aggregator in order for claims to match at the time of billing. In general, there are five steps that should be followed when performing and billing for EVV:

Prior to Claim Submission:

1. [Collecting EVV](#)
2. [Address Exceptions, Verify Visits, & Proceed to Billing](#)

After Claim Submission:

3. [Review Claims for Error \(EOB 3054\)](#)
4. [Change/Update Visits Related to Errors](#)
5. [Resubmit or Reprocess once visits are fixed \(when claim edit is live\)](#)

Additional Resources

- [EVV Tips](#)
- [Billing Error Examples](#)
- [Additional EVV Links](#)

Procedure and revenue codes that require EVV can be found on the [EVV Types of Service list](#).

Prior to Claims Submission

Prior to submitting claims it is important to ensure that the necessary EVV data has been collected and is available to match to claims. This section includes checklists to help ensure you're collecting all necessary points of data and how to review your EVV to ensure they are available to match to claims.

1. Collecting EVV

The information mentioned below is applicable to all EVV users, but some functionalities may not be applicable to Provider Choice Systems. Those using a Provider Choice System are encouraged to reach out to their vendors to learn if similar functionalities are available.

Follow the steps below to collect EVV with Mobile Visit Verification (MVV) or Telephonic Visit Verification (TVV) and capture the required points of data. Location is captured when clocking in and clocking out with MVV or TVV. Collecting EVV will involve starting a visit and ending a visit and will capture the required six points of data:

- **Start Visit**

- Call In

- Client identifier (Client Medicaid ID)

- Employee Identifier (Employee Santrax ID)

- Service

- Location

- **End Visit:**

- Call Out

- Service

- Location

When using the State EVV Solution, MVV requires service selection at the start of the visit, while TVV requires service selection at the end of the visit. To see a step-by-step guide on starting and ending a visit with MVV or TVV see the Caregiver Guides under [State Solution Materials](#).

Manual entry will be entered in the Sandata Provider Portal or Provider Choice System after the time of service delivery. If performing a manual entry all required points of data will be entered manually, including location. To verify you've entered a manual entry correctly, check the exceptions tab of the visit and ensure the visit is in a "Verified" status. For a walk-through on how to add location to a manual entry, see the [EVV Program Manual](#).

Related Tips:

- Reference the Caregiver guide for both Telephony and Mobile capture to see a step-by-step guide on clocking in and clocking out. Guides are printable and can be provided to the caregiver for a walkthrough on collecting EVV.
- Print out or save the service code list when clocking in and out using TVV.
- Set up a one-time or recurring schedule for caregivers, which pre-populates the visit information for the caregiver.
- Utilize group visits when one or more clients are receiving services at the same time, for more information see the [Group Visit section](#).
- EVV must be captured for claims that are billed to the Department as primary and secondary insurance.

2. Address Exceptions, Verify Visits, & Proceed to Billing

This section will review recommended practices before submitting claims to ensure EVV data is recorded correctly and will be available to match to claims.

The information mentioned below is applicable to all EVV users, but some functionalities may not be applicable to Provider Choice Systems. Those using a Provider Choice System are encouraged to reach out to their vendors to learn if similar functionalities are available.

Verify visits in the Sandata Provider Portal or Data Aggregator are in a "Verified" status. (Address All Exceptions and Unverified Visits)

Search for Exceptions: Log into the Sandata Provider Portal or Data Aggregator to review visit data. Set the "Filter by Visits" setting to filter by "All Exceptions" to see the visits that are not yet "Verified". Red or orange dots are exceptions that signify that a point of data is missing, and the visit needs to be corrected.

DATE RANGE * MM/DD/YYYY

05/01/2021  to 05/24/2021 

VISIT STATUS

All ▼

FILTER VISITS BY

- All Exceptions
- All Visits
- Exception Types

Below is an example of EVV with missing Call Out resulting in the visit status as “In Process”:

Call In	Call Out	Call Hours	Adjusted In	Adjusted Out	Adjusted Hours	Bill Hours	Visit Status	Do Not Bill	Actions
01:58 PM			01:58 PM				In Process	<input type="checkbox"/>	
			01:30 PM				In Process	<input type="checkbox"/>	

Note: Any status other than “Verified” requires additional modification. This can include Omit, Incomplete, or In Process (see Operational Use section of the [Program Manual](#)).

Fix Visits/Verify Visits:

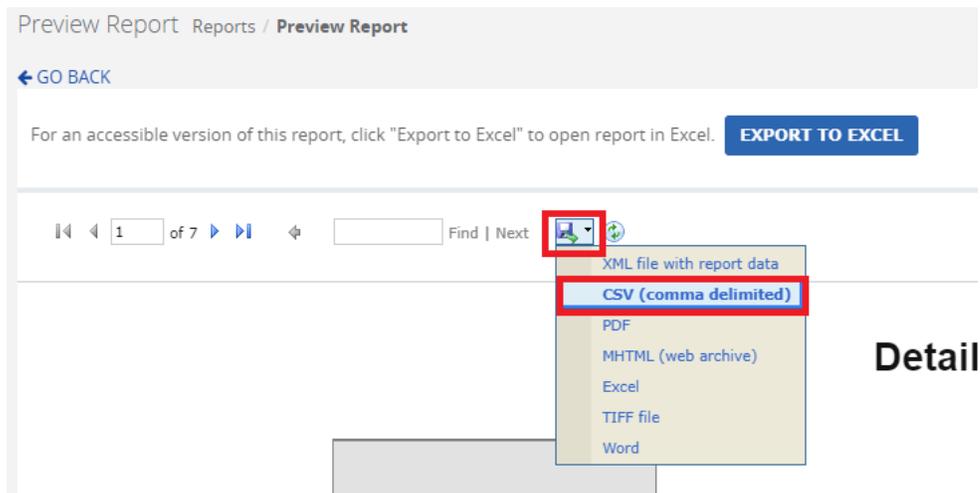
- **Using the State Solution:** Click on the red or orange dot to view the exceptions tab. Follow the on-screen instructions to enter or correct the missing points of data. Once you have saved the corrected visit, scroll to the right to ensure under “Visit Status” the visit is listed as “Verified.”
If the visit status is Incomplete, then the record is missing EVV Data and will not be able to match to a claim.
- **Using a Provider Choice Solution:** Enter the missing information in your vendor’s solution so that it is updated in the Data Aggregator.
Note: when using a Provider Choice Solution, Sandata Provider Portal access will be read-only and visits cannot be updated directly in the Sandata Provider Portal. Visits must be updated in your vendor’s solution and resent to Sandata.

Confirm visits are “Verified” and updated: Search for exceptions and ensure that all visits are “Verified”. Search on ‘All Visits’ to view “Verified” visits which can be billed.

Proceed to billing once all visits have been “Verified”

Related Tips:

- Wait at least one day before billing for visits that have been updated or “Verified”. Claims that are billed in the same day as the visit update or change may not match.
- Download the *Detail Visit Status* report to view visit statuses in Excel format.
- Download the *Visit Exception* report to view exceptions in Excel format.
- Export reports using CSV to view all visits on one sheet (see screenshot below).



After Submitting the EVV Claim

Are you wondering why your claims didn't match? This section covers how you can review your claims to see which claims did not have the necessary EVV data, why they didn't match, and how to address EVV errors.

3. Review Claims for Error (EOB 3054)

Understanding How Claims Match to Visits

An EVV claim matches when an EVV-required claim is submitted and there is an EVV visit logged that matches all 6 points of data at the time of claim submission.

Pull Remittance Advice (RA) - For information on reading and downloading your Remittance Advice, refer to the Provider Web Portal Quick Guide on the [Quick Guides](#) web page.

Search RA for Explanation Of Benefits (EOB) 3054

- **Review claims where a visit did not match, indicated by EOB 3054.** Monitor your claim lines the EOB 3054 in the Gainwell Provider Portal. You will want to look for claims that have not successfully matched to EVV records as designated by EOB 3054.
- EOB 3054 is an informational message on provider-specific RA designating that a claim billed with an EVV-required code does not have a corresponding visit recorded through an EVV system.

Understand why the claim did not match to a visit/posted an error

- Log into the Sandata Provider Portal or Data Aggregator to verify that a visit is present and has a visit status of “Verified”. If the visit is not present or is not “Verified”, the claim will post EOB 3054.
- If the visit is present and “Verified”, review the table below which includes the matching points of data. All points of data listed must be present and matching on the visit for a claim to successfully match.

EVV Record*	Claim Information	Match?
STX Account**	Billing Provider ID**	
Client Medicaid ID	Client Medicaid ID	
Visit Date/Time	Visit Date	
Type of Service*** (TVV Code/MVV Group Code)	Billed Code (Procedure/Revenue)	

*All 6 data points must be captured to verify a visit.

**Ensure you’re recording EVV with the correct STX account so that it matches to the appropriate Billing Provider ID.

***Review the [EVV Types of Service Inclusion](#) list in the Program Manual

Note: Review the *Detail Visit Status* report and compare to your RA) to verify the points of data are matching.

Related Tips:

- Call [Gainwell](#) with your Claim Number (ICN found on the RA) and Visit ID (found on the *Detail Visit Status* Report) for help with identifying why EOB 3054 posted.

- Review the 'History' tab of the visit within the Sandata Provider Portal or Data Aggregator to view changes made to the visit. Visits that are "Verified" and billed for in the same day will not match.
- Review the [EVV Billing Errors section](#) of this document for common examples that would cause a claim to not match a visit.

4. Change/Update Visits Related to Errors

This section covers how you can update your visits with correct information that will allow claims identified in the previous step to match. This steps requires that you've already identified the point of data that is incorrect and to be updated. If you have not identified the point of data that is incorrect, [see previous section](#).

Claims that have posted EOB 3054 and *do not have a visit*:

- **Using the State EVV Solution**, manually create a visit by:
 - Select 'Create a Call'
 - Enter call elements
 - Verify that visit is "Verified" and contains no exceptions
- **Using a Provider Choice System**,
 - Create a call in your vendor's system
 - Verify that it is present in the Data Aggregator

Claims that have posted EOB 3054 and *do have a visit*:

- **Locate the visit that needs to be updated**
 - Log into Sandata Provider Portal or Data Aggregator
 - Use Visit Maintenance section to search for visit or download Detail Visit Status report
- **Fix Visits/Verify Visits Using the State EVV Solution:**
 - Click on the red or orange dot to view the Exceptions tab
 - Follow the on-screen instructions to enter or correct the missing points of data

Review visit status: Once you have saved the corrected visit, scroll to the right to ensure under “Visit Status” the visit is listed as “Verified.” If the visit status is Incomplete, In Process, or Omit, then the record is missing EVV data and will not be able to match to a claim.

Log into the Sandata Provider Portal

Confirm that the visit has been updated

- **Fix Visits/Verify Visits *Using a Provider Choice Solution:***

Enter the missing information in your vendor’s solution so that it is updated in the Data Aggregator.

Note: When using a Provider Choice Solution, Date Aggregator access will be read-only and visits cannot be updated directly in the Data Aggregator. Visits must be updated in your vendor’s solution and resent to Sandata.

Log into the Data Aggregator

Confirm that the visit has been updated

5. After Billing and Receiving Error: Rebilling or Reprocessing

This section covers how to rebill or reprocess once the reason for error (EOB 3054) has been identified and fixed. These steps should be completed at least one day after making the required changes to the visit in the Sandata Provider Portal.

- ***If the claim denied***, providers may re-bill for denied services at least one day after fixing visit exceptions and verifying the correct visits. Denied line items may also be re-billed.
- ***If the claim paid***, providers may adjust the claim at least one day after fixing visit exceptions and verifying the correct visit. Paid claims that are re-billed will deny for duplicate service.

Related Tips:

- See the [Quick Guide on Reading the Remittance Advice \(RA\) Dated on or After 1/9/2019](#) to understand how paid and denied claims appear on your RA.
- See the [General Provider Information Manual](#) to understand Re-bills, Adjustments, and Claims Paid at Zero.

Additional Resources

EVV Tips

Group Visits

In the State EVV Solution, the Group Visit option allows one employee to call-in and call-out for one or more client visits at the same time, or multiple employees to call-in and call-out for one or more client visits at the same time. Group visits can be captured via MVV, TVV and EVV Visit Maintenance.

You can find a short description of how to collect visits individually using the State EVV Solution through the EVV Caregiver Guide Mobile Application and EVV Caregiver Guide Telephony.

Those using a Provider Choice System should consult with their vendors to better understand if similar capabilities exist with their Provider Choice System.

Poor cell service or internet service

Caregivers going to a location with poor cell or internet service may not be able to log into their application on site. Caregivers should log into their devices before they arrive on site then start and stop care as normal, or work with agency administrators to have a manual entry recorded.

The State EVV Solution mobile application can work without cellular service and upload information when service is restored or connected to Wi-Fi by re-opening the application. In situations where MVV and TVV are both unavailable, a provider may complete EVV requirements through the Sandata Provider Portal. Please note that manual entries are subject to increased scrutiny by the Department.

State EVV Solution Scheduling Module (optional)

The State EVV Solution has an optional Scheduling Module that may be used by administrators to schedule a visit. The benefit of this feature is that it will minimize user error, save time, and will indicate if there are any conflicts with the schedule. For example, inputting services codes for a caregiver will reduce the time you would have to review and potentially fix an Exception.

Scheduled visits allow caregivers to simply select the scheduled service and clock in and out, and do not need to be selected exactly at the scheduled time of service. Caregivers and agency administrators are advised that the Department is not notified if a scheduled visit is missed, and a scheduled visit without a caregiver input does not fulfill EVV record requirements.

Billing Error Examples

Submitting Modified EVV Records and Claims Too Close Together

Example of Error

1. Provider records EVV for services on January 29 at 8:00 AM, but forgets to clock out.
2. The same day at 3:00 PM the provider modifies the visit by adding the clock out time to 9:30 AM.
3. Provider confirms EVV for services performed on January 29 are all “Verified” at 4:00 PM.
4. Billing claims are submitted for these services on January 29 at 5:00 PM.

Guidance

Please wait at least 24 hours before submitting billed claim lines after a visit has been recorded or modified.

Summary

EVV records, from both Sandata Provider Portal and Data Aggregator, are sent to the claims system nightly and it is recommended to wait 24 hours prior to submitting claims. Once “Verified” visits are in the claims system, EVV records will be able to match to billed claim lines.

Additionally, if you fix an Exception (modify record) and the visit becomes “Verified”, you still need to wait until the next day to bill for that claim.

From the example above, the EVV record from January 29th will not be available until January 30th and billing was sent to soon, resulting in an error.

More information on billing can be found in the [Billing Integration section](#) of the EVV Program Manual

Multiple IDs and STX Accounts

Example of Error

1. Provider agency **bills under 2 different locations (Medicaid IDs)**, i.e. In-Home Support Services (IHSS) under Medicaid ID 00001 and Private Duty Nursing (PDRN) under Medicaid ID 00002.
2. Provider agency completes training and receives **EVV credentials for both locations (Medicaid IDs)**
3. Provider now has **access to 2 different EVV accounts - STX 25000 and 29000**
4. Provider agency records EVV for both IHSS and PDRN services under **one location’s EVV account (STX 29000)**
5. Submits billing claims for each separate location (Medicaid ID 00001 and 00002).

Guidance

Providers that have more than 1 location (Medicaid ID) must utilize each corresponding EVV account. All employees and members should be entered under the correct location EVV account (STX account Number)

Summary

Each location (Medicaid ID) must have its own unique account. Recording all EVV services under 1 location and billing claims for 2 separate locations, EVV records will only match to the first location.

From the example above, providers will want to collect all EVV records for IHSS services using Medicaid ID 00001 and collect EVV records for PDRN using Medicaid ID 00002.

Some providers may need to acquire additional credentials to allow for these services to collect EVV records for their specific Medicaid ID.

To acquire additional credentials, you will need to request these credentials for any additional Provider Medicaid ID's from [Sandata](#).

Selecting Incorrect Group Code for Services

Example of Error

1. Physical Therapy services delivered.
2. **Group code 111 or HHPT** selected when recording EVV.
3. Billing provider submits claim for Physical Therapy service, **procedure code 97116**.

Guidance

Review the EVV Crosswalk of Codes to identify which group codes you should select, based on the relevant procedure or revenue codes you bill with.

Determine the list of services you bill for by reviewing your RA and referencing your billing manual.

Summary

From the example above, the provider would have found procedure code 97116 on the [EVV Crosswalk of Codes](#) and realized they should have selected group code 119 or PT, and not 111/HHPT.

Providers using a State EVV Solution may create schedules for employees allowing them to populate the group code prior to service delivery. Those using a Provider Choice System are encouraged to reach out to their vendors to learn if similar functionalities are available.

If you have questions about the billing manual, contact Gainwell 1-844-235-2387. If caregivers are selecting the wrong group code, please reference the [State Solution Materials](#) on the EVV Resources web page for more information.

Additional EVV Links

How to Update Provider Email Address in Gainwell Provider Portal

Providers utilizing EVV must have an accurate email address on file with Gainwell to receive system credentials and EVV communications. The [How to Update Provider Email Address at Gainwell Technologies](#) document provides a walk-through on how to update both the provider service location email address and the provider mailing email address.

If you have recently moved into a position that involves EVV or you are not receiving EVV communications, please verify that your service location email address is updated.

EVV Crosswalk of Codes

The [EVV Crosswalk of codes](#) is a helpful tool that lists which specific group codes should be recorded when collecting EVV based on the specific procedure or revenue codes that will be billed for.

If you are unsure what group code to record for the types of services you provide, this is an excellent tool for clarification.