



# California Electronic Visit Verification (CalEVV) Onboarding and Registration for Community-Based Adult Services (CBAS) Webinar

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March 9, 2023



# Why are we here today?

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- Introduce California Electronic Visit Verification (CalEVV) to CBAS providers.
- Demonstrate best practices and how to accurately register and review the top issues that the state has encountered with registration information.
- Focus on known issues with the provider registration process and will demonstrate submitting complete Electronic Visit Verification (EVV) data for specified Emergency Remote Services (ERS) provided in the home which are subject to EVV.



# Agenda

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- CalEVV Terminology
- EVV Overview
- Services Impacted
- Roles and Responsibilities
- Compliance
- CalEVV System Overview & Tools
- Steps for Getting Started with CalEVV
- Best Practice Self-Registration
- Alternate EVV Provider Registration
- CalEVV Provider Agency Training
- Best Practice Provider ID Maintenance
- Best Practice Client-Payer Association
- Best Practice Visit Maintenance
- Next Steps
- CalEVV Helpful Resources
- Q&A

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# CalEVR Terminology



# CalEVV Terminology

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- Jurisdictional Entities (JEs)
  - Local organizations that pay and/or authorize providers for services and provide oversight of service delivery. To include:
  - Jurisdictional Entities for CBAS Centers
    - Department of Health Care Services (DHCS)
    - Managed Care Plans (MCPs)
- Provider Agency – CBAS Centers
  - Entity that manages and coordinates the delivery of services and care to individual CBAS participants.



# CalEVV Terminology

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- Provider Agency Administrator
  - Administrators are the individuals who enter their email address during self-registration or have been added as an administrative user in the CalEVV system.
- Payer
  - CACBAS will be used in the CalEVV system to identify the State Department payer code
  - MCPs are the payers. An entity that generates authorization for care and accepts claims or encounter information to adjudicate and pay for services and activities performed.
- Employee
  - Also known as a caregiver, in-home provider, or direct care staff.
  - For CBAS this is CBAS staff.
- Client
  - An individual who receives services subject to EVV requirements.
  - For CBAS this is the CBAS participants.

# CalEVV Terminology

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- Visit Exception
  - An indicator of missing or incorrect information on the visit record that must be addressed.
- CalEVV Portal
  - The web-based portal used by CalEVV users/providers to manage EVV visits and records.
- Sandata Mobile Connect (SMC)
  - Sandata's mobile visit verification option: an application that must be downloaded onto a smart phone or tablet.
- Telephonic Visit Verification
  - Sandata's telephone visit recording option: providers dial an automated line and answer questions to record a visit.
- Alternate EVV Vendor
  - The company that supplies EVV software other than the state-provided EVV solution (CalEVV).

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# EVV Overview





# EVV Overview - Federal Mandate Requirements

The 21st Century Cures Act requires that the EVV system verify this visit information



Individual/member receiving the services



Individual/caregiver providing the service



Type of service performed



Location of the service delivery



Date of service



Time service begins and ends

# EVV Overview

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- All services provided in the home that are identified as Personal Care Services (PCS) or Home Health Care Services (HHCS) must have an EVV visit record in the CalEVV system. All Medicaid-funded services.
- California implemented PCS on January 1, 2022, and HHCS on January 1, 2023.
- CBAS Centers “Go Live” for EVV is March 23, 2023, for specified ERS PCS and HHCS provided in the home which are subject to EVV.
- EVV will not change where or how services are being provided.
- Providers will continue with existing authorization and billing processes.



# CBAS Services Subject to EVV

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- For CBAS providers, the following CBAS ERS benefits provided in the home are subject to EVV requirements:
  - Professional nursing services (HHCS)
  - Personal care services - Activities of Daily Living and Instrumental Activities of Daily Living (PCS)
  - Therapeutic Activities – Physical Therapy and Occupational Therapy Maintenance Program (PCS)
  - Meal - If prepared in the home (PCS)
  - Restorative physical therapy (HHCS)
  - Restorative occupational therapy (HHCS)
  - Speech therapy (HHCS)

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# Services Impacted



# Services Impacted by EVV

All services provided in the home that are EVV-impacted must be documented in the CalEVV system at the time of visit. EVV applies to PCS and HHCS.

| Dept | Waiver Program   | Program Type/Service Description  | Service Code                              |
|------|--|---|---|
| CDA  | Community-Based Adult Services (CBAS) Emergency Remote Services (ERS) – CalAIM 1115 Demonstration Waiver | PCS - Companion care, adult (e.g., IADL/ADL); per diem provided in participant’s home/residence | S5136-CBAS-ERS PCS in the home; per diem  |
| CDA  | Community-Based Adult Services (CBAS) Emergency Remote Services (ERS) – CalAIM 1115 Demonstration Waiver | HHCS - Home health care; per diem provided in participant’s home/residence                      | Q5001-CBAS-ERS HHCS in the home; per diem |

For a complete list of services submit to EVV, please refer to DHCS’ [Provider Types and Codes](#).



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# Roles and Responsibilities



# Roles and Responsibilities for CBAS Centers (Providers)

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CBAS Centers (Providers) – Known as provider agencies in the system are responsible for the following:

- Using an EVV system to log their EVV visit data consistently and completely and to review for accuracy.
- Ensuring the provider's account is linked to one or more applicable MCPs via Provider ID Maintenance in the CalEVV portal or CalEVV Aggregator.
- Ensuring the provider's client-payer-service association links to your MCPs for each client, service, and payer combination.
  - This is to ensure the provider's MCPs can view their client (participant) and visit data for compliance monitoring.
  - Alternate EVV providers must ensure this relationship exists and is correctly reported in their alternate EVV system.
- Modifying an existing EVV record to make necessary corrections.
- Entering a manual visit when necessary.

# Roles and Responsibilities for MCPs

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MCPs are responsible for the following:

- Case management; there is no change to this responsibility.
- Verifying and monitoring providers to ensure they are using an EVV system for logging their visits consistently and completely.
- Assisting providers in achieving EVV compliance.
- Ensuring providers are linked to the correct MCPs via their provider ID and client (participant)-payer-services associations.
  - If not, MCPs will be unable to see their provider's visit data, their claims won't match, and the MCP will reflect a low compliance percentage.
- The goal is to work toward having 100% of providers registered, trained, and using EVV for every in-home visit for a covered service, and all paid claims to have matching EVV data.
- MCPs to disseminate state department communications to impacted providers to ensure providers are receiving communications and are aware of EVV requirements and timelines.



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# Compliance



# Compliance

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- Compliance means providers are registered and submitting complete EVV visit data for ERS services that are provided in the home which are subject to EVV.
- EVV visit data must be captured in the CalEVV system, or an alternate EVV system, at the time the service is provided.
  - Manual entry or editing of a visit should only be done to ensure a visit is compliant.

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# CalEVR Overview and Tools



# CalEVV Overview

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- The California EVV (CalEVV) system is available and free for state provider agencies and users.
- California is an open EVV vendor model, which allows providers to choose between the state's EVV system or an alternate EVV system that must meet state requirements.
- The CalEVV portal is used by office staff to enter client (participant) and employee (CBAS staff) information, schedule client (participant) visits, review and edit visit records, and run reports.
- The CalEVV system meets these requirements, by capturing six required data elements when a caregiver (member of CBAS team) starts and ends a visit.
  - Two methods for providers to capture visit data at the time services are being provided.
    - Sandata Mobile Connect – Using a mobile application
    - Telephonic Visit Verification – Using a touch-tone telephone

# MCPs EVV Oversight Tools

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Provide insight into EVV compliance by allowing MCP users to view information across payers, programs, services, and providers.

- CalEVV Aggregator:
  - The function of the CalEVV Aggregator is to act as a repository containing the electronic visit data submitted by the CBAS providers.
- Business Intelligence (BI) Tool:
  - The function of the BI Tool is to analyze, sort, filter, and report on EVV data the providers are submitting.

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# Steps for Getting Started with CalEVV



# Steps for Getting Started with CalEVV

Steps 1-3 Admins Only Do This Once



## 1. Self Registration

- Enter provider agency name, IDs & contact information
- Select MCPs, program, and services
- Select CalEVV or alternate EVV system



## 2. Account Creation

- After registration, account and CalEVV IDs created
- Email with CalEVV ID (need for training) with next steps for mandatory training registration



## 3. Register & Complete Training, Download Kit

- Register and complete initial courses in Learning Management System (LMS) to unlock account credentials
- Receive completion email
- Download Welcome Kit



## 4. Set Up Staff, and Clients in CalEVV

- Upon training completion, EVV credentials are emailed to registered administrator or individual to access their EVV accounts and set up staff in the system



## 5. Get Staff Trained

- Registered administrator individual can now share training link with staff
- Training available anytime via videos



## 6. Use EVV System, Submit, Monitor, & Fix Data

- Per state and federal requirements, all HHCS providers must use an EVV system to capture and submit EVV data

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# Best Practice Self-Registration





# Best Practice - Self-Registration

- CBAS providers - agency administrators enter basic information, such as the provider agency name, which will be the same agency name as provided when billing.
- All CBAS providers must self-register whether using CalEVV or an alternate EVV system.

## Basic Information

PROVIDER AGENCY NAME \*

Same Agency Name on the Claim

Select ALL the services you actually provide and bill for

SERVICE TYPES \*

PCS and HHCS

PROGRAMS (SELECT ONE OR MORE) \*

CDA - S5136-CBAS-ERS PCS in the home, per diem

APPROXIMATE # OF PROGRAM RECIPIENTS \*

50

APPROXIMATE # OF CAREGIVERS/STAFF \*

20





# Best Practice - Self-Registration

Provider agency administrators must enter a Provider Identifier for each department and MCPs for which you provide covered services. Providers should enter the same identifier used for billing.

For each Provider Identifier added, the Identifier Type should be selected based on the department.

Please note the following rules for each state program:







- DHCS requires a National Provider Identifier (NPI).
- CDPH and CDA also require an NPI.
- If you are supporting multiple programs or multiple MCPs within a program, more than one entry is required. Add enough entries to cover all department, jurisdiction, and identifier relationships used in billing.

| Department   | Jurisdictional Entity /<br>Jurisdiction | Identifier Type | Identifier | ADD   |
|--------------|---|-----------------|------------|---|
| CDA via MCP  | SCAN Health Plan                        | NPI             | 1112223334 |   |
| DHCS via MCP | DHCS                                    | NPI             | 9998887776 |   |

# Best Practice - Self-Registration Instructions

This is what it will look like in the Self-Registration Portal

- On the Provider Identifier segment, select ADD to add a new Provider Identifier.
- For the Add Provider Identifier dialog, select the Department, MCPs, and Identifier Type.
- Enter the Identifier and click SUBMIT.
- Repeat the process until you have added ALL required Identifiers.

| Department   | Jurisdictional Entity / Jurisdiction | Identifier Type | Identifier | ADD   |
|--------------|--------------------------------------|-----------------|------------|---|
| CDA via MCP  | SCAN Health Plan                     | NPI             | 1112223334 |   |
| CDA via MCP  | California Health and Wellness Plan  | NPI             | 5556667778 |   |
| DHCS via MCP | DHCS                                 | NPI             | 1234567890 |   |

### Add Provider Identifier

DEPARTMENT \*  
\_\_\_\_\_

JURISDICTIONAL ENTITY / JURISDICTION  
.....

IDENTIFIER TYPE \*  
\_\_\_\_\_

IDENTIFIER \*  
\_\_\_\_\_

# Best Practice – Self-Registration Information & Data

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- Providers using the CalEVV system must input accurate data while using the CalEVV portal.
- Check your provider IDs on the portal used for provider ID maintenance to ensure all your IDs are correct and associated with all applicable departments and MCPs.
- Check your visit data to ensure the client-payer-services are being correctly sent to CalEVV.
- Check your visit data for completeness in the CalEVV portal (no unverified visits).
- Check your older visits (1-2 months or more) to ensure claims are matching.

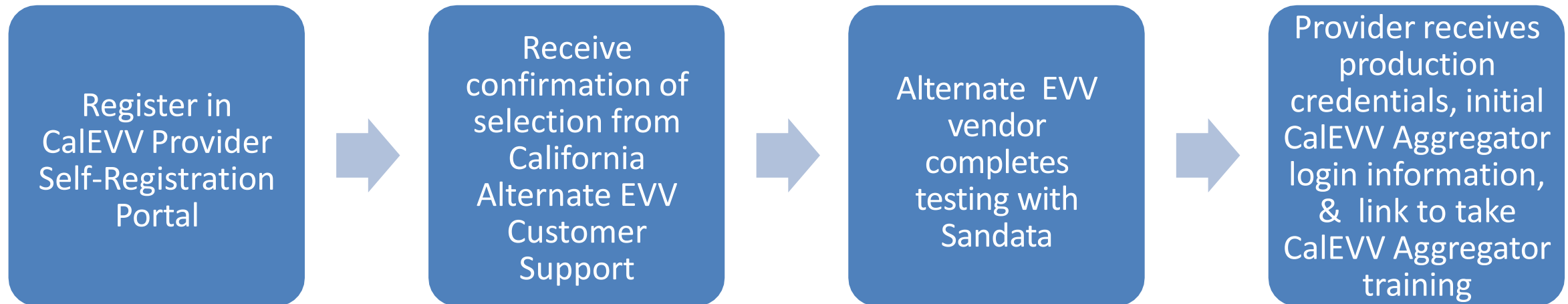
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# Alternate EVV System Provider Registration

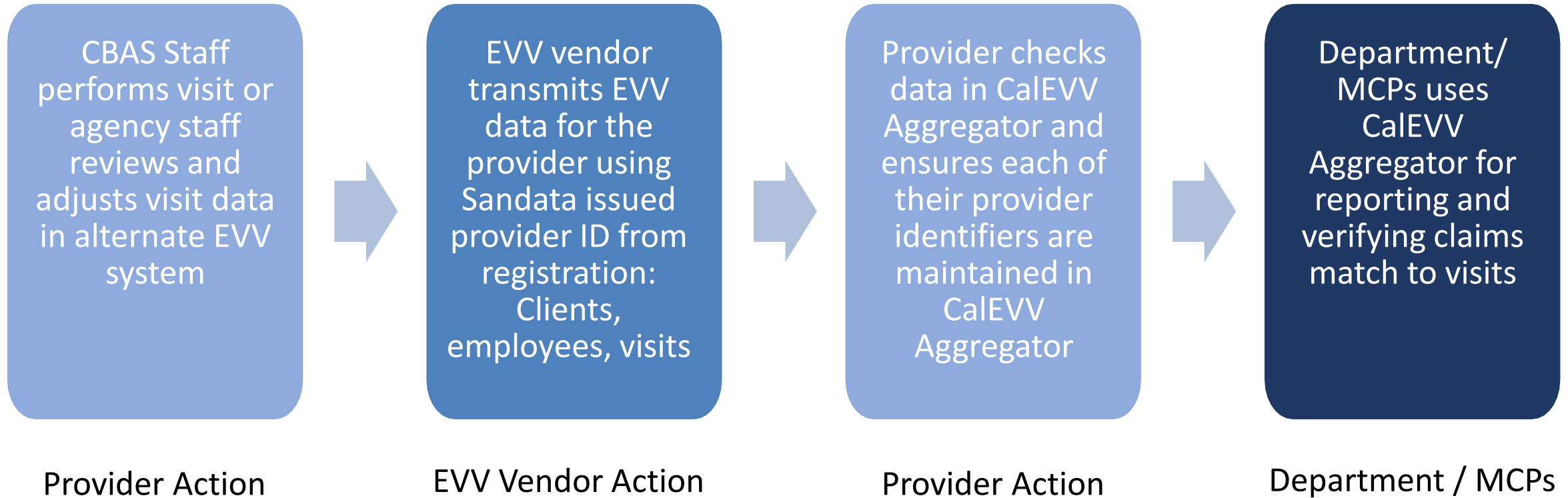


# Alternate EVV System Provider Registration Process

Many provider agencies will use the CalEVV System. However, some provider agencies may choose to use an alternate EVV system.



# Alternate EVV System Workflow



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# CalEVV Provider Agency Training





# CalEVV Provider Agency Training

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- EVV coordinators (office staff) should view the training videos after completion of LMS training.
- The training videos are geared for administrative, or office staff assigned to EVV coordination and oversight responsibility.
- The foundational EVV knowledge courses consist of the five following videos:
  - Introduction - 8 minutes
  - System Overview and Navigation - 17 minutes
  - Data Entry: Clients – 17 minutes
  - Visit Capture: Creating visits with the mobile app – 17 minutes
  - Visit Maintenance: Introduction – 21 minutes
  - Training link is at the end of the presentation.

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# Best Practice Provider ID Maintenance



# Best Practice – Provider ID Maintenance

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Maintaining provider IDs is essential for accurate reporting and claims matching.

- This is the primary method to correct provider identifiers and eliminates the need to complete a support ticket for provider identifiers to be edited.
- Users with an “administrator” role will have privileges to add, edit/correct, delete, and grant privileges to others within their agency.
- Log into CalEVV, go to Security on the left-hand side menu, and then to Manage Provider Identifiers.
  - Allows users to add, edit/correct, or delete the provider identifiers associated with their accounts.
  - Is available to both CalEVV and alternate EVV users. (Alternate EVV solution users can log into the CalEVV Aggregator to add/edit/delete provider identifiers).

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# Best Practice Client-Payer Association



# Best Practice – Client - Payer Association

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The client (participant) record must be created before the individual can be associated with a visit.

- For the CBAS center
  - Defines which services are available for the clients (participants).
- For the CBAS Staff
  - Limits the initial list of services for the participant within the mobile application to make selecting the appropriate service easier for the caregiver (CBAS Staff).
- For the MCP
  - Allows the association of the client (participant) and visits to the appropriate MCPs.
  - Makes them visible to the MCPs via the CalEVV Aggregator.
  - Creates a basic EVV-system “authorization” record that is limited to the payer, program, service, jurisdiction, start date, and end date.

# Best Practice - Client-Payer Association

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- The client (participant) record must be completed before the individual can be associated with a visit.
- Ensure the following fields are correct in EVV: Client first name, Client last name, Client Identification Number (CIN) or Unique Client Identifier (UCI) in the Medicaid ID field, payer, program and service, and service start date. Incorrect client records will result in unmatched visits.
- Client payer information is required for the correct MCPs association.
- Alternate EVV vendors provide this via the Application Programming Interface (API).
- CalEVV users can enter this manually or as part of a manual bulk upload.
- Manual bulk upload allows users to upload a provided Excel file into the Sandata system to quickly add large amounts of client/employee records.
  - Sandata on Demand has two QRGs and the spreadsheet file for the Bulk Upload process.

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# Best Practice Visit Maintenance



# Best Practice - Visit Maintenance

- EVV data in an Incomplete status will be unable to be used for matching EVV data to the claim.
- Visits in an Incomplete status are missing one or more of the six required data elements.
  - A missing or incorrect required data element will trigger an exception.
  - Exceptions appear in the form of a red dot ( ● ).
- Corrections to exceptions can be made on the Visit Maintenance tab by clicking on the red dot.
- Once all exceptions from a visit are cleared, the visit status will be updated to "verified" status.
- Agency administrators are responsible for working with their caregivers (CBAS Staff) to clear exceptions.

| Client Name   | Employee Name | Service                    | Visit Date | Call In | Call Out | Call Hours | Visit Status | Group Visit Code | Units | Actions |
|---------------|---------------|----------------------------|------------|---------|----------|------------|--------------|------------------|-------|---------|
| Quinn, Edward | Adams, April  | 5.1 Respite In-Home Hourly | 02/08/2022 | ●       | 02:47 PM |            | Incomplete   |                  |       |         |



# Best Practice - Visit Maintenance & Trends

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Review and clear exceptions to your visits in the CalEVV portal to ensure the following:

- Edit visits to match what occurred at the point of care.
  - Include the reason for modification if a change is made.
- Use manual visit entry to record any visits that were not documented at the time a service was provided.

In Visit Maintenance, you may use these questions to look for trends:

- Are there reoccurring exceptions? If so, what are why are they occurring?
- Are my visits for a particular payer remaining in an incomplete status?
- Are exceptions occurring most often for the same clients?

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# Next Steps



# Next Steps: CBAS Providers Registration

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CBAS Providers must be registered in the Self-Registration portal and submitting all six EVV data elements for each in home visit starting March 23, 2023.

## Training

- After completing the self-registration, register for and complete the LMS training.
- Go to Sandata on Demand for core EVV foundational training.

## Set up

- Administrators add users (coordinator and other administrators)
- Coordinators add clients and employees
- Coordinators add the client payer associations in the system

## Train staff

- Prepare office staff and caregivers (CBAS Staff) by providing EVV training
- Training available via Sandata on Demand as well as on the DHCS website

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# CalEVR Helpful Resources



# CalEVV Helpful Resources

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- For questions or to be added to the DHCS EVV notification list, email [EVV@dhcs.ca.gov](mailto:EVV@dhcs.ca.gov).
- DHCS EVV webpage: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>.
- Training access: <https://sandata.zendesk.com/hc/en-us/articles/4418031200787--CalEVV-Standard-English-Video-Training-Recordings>. (Must be registered and logged in to view)
  - Note: Your provider agency must be registered to access these videos.
- For CalEVV Technical Support:
  - Email [CACustomerCare@sandata.com](mailto:CACustomerCare@sandata.com)
  - Call 1(855) 943-6070
- For Alternate EVV Customer Support:
  - Email [CAAltEVV@sandata.com](mailto:CAAltEVV@sandata.com)
  - Call 1(855) 943-6069

# CalEVV Helpful Resources

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- Self-Registration Portal Link: <https://vendorregistration.calevv.com/>.
- A Quick Reference Guide for provider agency administrators. If your provider agency has not completed self-registration, please do so before accessing the training videos.  
<https://www.dhcs.ca.gov/provgovpart/Documents/CalEVV-Provider-Self-Registration-QRG.pdf>
- [Step by step instructional video on how to register in CalEVV](#)



# Q&A

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