

Electronic Visit Verification (EVV)

Provider-Related Frequently Asked Questions (FAQs) & Answers

July 2021

FAQs were updated in July 2021. New questions are identified with “NEW” preceding the question. Questions with updates responses since the last version have an “*” preceding the question.

GENERAL EVV QUESTIONS

1. Who is DCH?

The Georgia [Department of Community Health \(DCH\)](#) is the single State Agency designated to administer and supervise the administration of Georgia’s Medicaid program. (42 C.F.R. § 431.10). DCH oversees program administration and funding for all Georgia Medicaid services.

2. What is Electronic Visit Verification?

[Electronic Visit Verification \(EVV\)](#) is an electronic system that confirms when Provider visits occur and keeps track of the precise time services begin and end. It ensures that Members receive the services they are authorized to receive. EVV gives Providers, care coordinators, and DCH access to service delivery information in real-time to ensure there are no gaps in care and helps to reduce fraud in home care delivery.

3. Why is Georgia implementing EVV?

In December 2016, the United States Congress enacted the [21st Century Cures Act \(Cures Act\)](#). Section 12006 of the Cures Act requires states to implement EVV for Medicaid-covered Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an in-home visit by a Provider. Georgia is implementing EVV to comply with the Cures Act.

4. Could Georgia choose not to participate (opt-out) in the EVV Program?

No, EVV is a congressional mandate for all states.

5. How does implementing EVV benefit Georgia’s Medicaid Programs?

EVV systems qualify for enhanced federal Medicaid funding. Failure to comply with the Cures Act could result in incremental reductions in Georgia’s Federal Medical Assistance Percentage (FMAP) over the first five years of the mandate. The FMAP provides federal funding for Georgia’s Medicaid Program, including PCS and HHCS. A reduction in funding could negatively impact Provider and Member communities. By implementing EVV, Georgia will avoid reductions in federal Medicaid funding.

6. What are the benefits of EVV to Providers?

Benefits to Providers include:

- ❖ EVV helps Providers track individual worker activity, which reduces the likelihood for error or fraud.
- ❖ EVV increases efficiency because collection and tracking of the required information to process claims is automated.
- ❖ EVV improves quality of care by making worker activities transparent and measurable.



7. *Can Providers opt-out of or choose not to participate in the EVV Program?

Providers must participate in the EVV Program if they provide Personal Support Services (PSS)/Community Living Supports (CLS) (CPT Codes T1019, T2022, T2025, and S9122) through SOURCE, CCSP, ICWP, NOW, COMP or GAPP. To continue to receive payment for providing these services, a Provider's EVV-related claims must be submitted through the State EVV solution and include the required EVV information. If a Provider's claims do not include the required EVV information, the claim will be denied.

8. Who is DCH's contractor for the State EVV solution?

Conduent, in partnership with Netsmart (Tellus), will deliver Georgia's State EVV solution.

9. Who is responsible for paying for EVV?

DCH will pay for the State EVV solution, including system implementation, Member and Provider training, and recurring system maintenance and operations fees. There is no charge to Provider agencies for using the State EVV solution for EVV-required services for Medicaid clients. However, if a Provider chooses to implement an alternative EVV system, any cost associated with the alternative EVV system and the cost to integrate this system with the State EVV solution will be the responsibility of the Provider.

10. Can Providers choose to use a different EVV vendor of their choice?

DCH has chosen to implement EVV using an Open Model. While DCH will offer a State EVV solution, Providers may choose to use an alternative system provided by another vendor if the alternative EVV system (a) meets federal EVV requirements (b) signs and submits the State-required Georgia DCH [Third-Party Attestation](#) and (c) sends the required EVV data to the State EVV system.

11. What if a Provider is already using an EVV system?

A Provider can continue to use their current EVV system for PCS if the vendor (a) meets federal EVV requirements (b) signs and submits the State-required Georgia DCH [Third-Party Attestation](#) and (c) sends the required EVV data to the State EVV system.

12. What is a Data Aggregator?

DCH elected to implement an Open Model EVV Program which provides the most flexibility to Providers. To support the Open Model approach, the State EVV solution must provide data aggregation functionality. This functionality receives data from any alternative EVV systems being used by Providers across the State. The Data Aggregator applies standardized business rules to the EVV data received to ensure the data meets necessary standards and generates alerts when these standards are not met so the data can be fixed.

13. *Which Medicaid services will EVV monitor?

Medicaid-funded **Personal Support Services (PSS)/Community Living Supports (CLS) (CPT Codes T1019, T2022, T2025, and S9122)** for the following waiver programs will be subject to EVV Program requirements:

- Service Options Using Resources in a Community Environment (SOURCE)
- Community Care Services Program (CCSP)
- New Options Waiver (NOW)
- Comprehensive Supports Waiver Program (COMP)
- Independent Care Waiver Program (ICWP)
- Georgia Pediatric Program (GAPP)

See table below for procedure code modifiers:

Electronic Visit Verification (EVV) Applicable Codes

Elderly and Disabled Waiver (CCSP and SOURCE) 590 and 930

Service	Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
Personal Support Service	T1019				
Extended Personal Support	T1019	TF			
Consumer Directed PSS	T1019	UC			

Independent Care Waiver Program (ICWP) 660

Service	Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
Personal Support Level 1	T2025	U5	TF		
Personal Support Level II	T2025	U5	TG		
Personal Support Consumer Directed	T2025	U5	UC		
TBI Personal Support Level 1	T2025	U5	U1	TF	
TBI Personal Support Level II	T2025	U5	U1	TG	

New Option Waiver (NOW) & Comprehensive Services and Supports (COMP) 680 & 681

Service	Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
COMMUNITY LIVING SUPPORT SERVICES					
CLS - 1 MEMBER	T2025	U4			
CLS - 1 MEMBER	T2025	U5			
CLS - 2 MEMBER	T2025	U4	UN		
CLS - 2 MEMBER	T2025	U5	UN		
CLS - 3 MEMBER	T2025	U4	UP		
CLS - 3 MEMBER	T2025	U5	UP		
COMMUNITY LIVING SUPPORT SERVICES - SELF-DIRECTED					
CLS - 1 MEMBER - SELF DIRECTED	T2025	U4	UC		
CLS - 1 MEMBER - SELF DIRECTED	T2025	U5	UC		
CLS - 2 MEMBER - SELF DIRECTED	T2025	U4	UN	UC	
CLS - 2 MEMBER - SELF DIRECTED	T2025	U5	UN	UC	
CLS - 3 MEMBER - SELF DIRECTED	T2025	U5	UP	UC	
CLS - 3 MEMBER - SELF DIRECTED	T2025	U4	UP	UC	
COMMUNITY LIVING SUPPORT SERVICES - CO-EMPLOYER					
CLS - 1 MEMBER - CO-EMPLOYER	T2025	U4	UA		
CLS - 1 MEMBER - CO-EMPLOYER	T2025	U5	UA		
CLS - 2 MEMBER - CO-EMPLOYER	T2025	U4	UN	UA	
CLS - 2 MEMBER - CO-EMPLOYER	T2025	U5	UN	UA	
CLS - 3 MEMBER - CO-EMPLOYER	T2025	U5	UP	UA	
CLS - 3 MEMBER - CO-EMPLOYER	T2025	U4	UP	UA	

Georgia Pediatric Program (GAPP) 971

Service	Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
Skilled Nursing	S9122				



Additionally, EVV must be implemented for **Home Health Care Services** (CPT Codes S5125 and S5126) by January 1, 2023.

14. Which services are NOT affected by the EVV Program?

The following services within each Georgia waiver program are **NOT** affected by the EVV implementation:

<p>Elderly and Disabled Waiver Programs (SOURCE & CCSP):</p> <ul style="list-style-type: none"> ○ Adult Day Health ○ Alternative Living Services ○ Emergency Response Services ○ Home-Delivered Meals ○ Home-Delivered Services ○ Out-of-Home Respite Care ○ Structured Family Caregiving
<p>NOW and COMP Programs:</p> <ul style="list-style-type: none"> ○ Additional Residential Staffing ○ Adult Nutrition Services ○ Adult Occupational Therapy ○ Adult Physical Therapy ○ Adult Speech and Language Therapy ○ Behavioral Supports ○ Community Access Services (Individual/Group) ○ Community Residential Alternative Services ○ Environmental Accessibility Adaptation ○ Financial Support ○ Individual Directed Goods and Services ○ In/Out-of-Home Respite Care ○ Intensive Support Coordination Services ○ Nursing Services ○ Prevocational Services ○ Specialized Medical Equipment ○ Specialized Medical Supplies ○ Support Coordination Service ○ Supported Employment ○ Transportation Vehicle Adaptation
<p>ICWP Program:</p> <ul style="list-style-type: none"> ○ Adult Day Services ○ Behavior Management ○ Counseling Services ○ Environmental Modification ○ Out-of-Home Respite Care ○ Personal Emergency Response System ○ Specialized Medical Equipment and Supplies
<p>Skilled Nursing Services by Private Home Care Providers will not be impacted by the EVV implementation in 2021. However, EVV will be implemented for Home Health Care Services (including Skilled Nursing Services) by January 1, 2023.</p>

15. What is the mandated deadline for EVV implementation?

The mandated deadline for EVV implementation is January 1, 2020, for Medicaid-covered PCS and January 1, 2023, for HHCS. However, with the approval of a Centers for Medicare & Medicaid Services (CMS) Good Faith Effort (GFE) Exemption, the deadline for the EVV implementation for



PCS was extended to January 1, 2021. The deadline for the EVV implementation for HHCS remains unchanged.

16. *When will the use of EVV be required?

The federal 21st Century CURES Act requires states to implement EVV for PCS by January 1, 2021. Georgia DCH will begin requiring EVV information before payment starting on October 1, 2021. All claims for EVV-required services must be submitted to GAMMIS through the State EVV solution. Deadlines related to EVV-implementation activities have been established. If a provider has not completed the below activities by the expressed date, that agency will be subject to pre-payment review.

- **July 23, 2021** – All providers are required to be registered with the State EVV solution, Netsmart (Tellus). Even Providers using a third-party EVV vendor are required to register with the State EVV solution.
- **August 31, 2021** – All providers are required to have employees input into your chosen EVV solution and successfully submit at least one EVV-related claim. To successfully submit a claim, aides and caregivers will have to use and capture visit data using EVV.
- **October 1, 2021** – All EVV-related claims will be required to include EVV information and be submitted via the State EVV solution. Mandatory claims edit for EVV-required services will be turned on and the only exception will be for those with an outstanding support ticket.

In December 2016, the United States Congress enacted the [21st Century Cures Act \(Cures Act\)](#). Section 12006 of the Cures Act requires states to implement EVV for Medicaid-covered PCS and HHCS that require an in-home visit by a Provider. The mandated deadline for EVV implementation is January 1, 2020, for Medicaid-covered PCS and January 1, 2023, for HHCS. However, with the approval of a Centers for Medicare & Medicaid Services (CMS) Good Faith Effort (GFE) Exemption, the deadline for the EVV implementation for PCS was extended to January 1, 2021. The deadline for the EVV implementation for HHCS remains unchanged.

17. *What happens if I do not implement EVV?

On October 1, 2021, DCH will require EVV information for PCS claims processing and payment. If you do not implement EVV, PCS claims submitted without this information will be denied.

18. What is the CMS Good Faith Effort (GFE) Exemption?

The Cures Act allows states to delay EVV implementation without penalty for up to one (1) year if the state could demonstrate a good faith effort had been made to comply with EVV requirements, but unavoidable delays had occurred. States are required to submit a GFE Exemption Form Request to CMS to seek approval to delay EVV implementation for their state.

19. Has Georgia submitted a CMS Good Faith Effort Exemption Form Request?

Yes. DCH submitted a GFE Request Form on behalf of the State of Georgia on November 8, 2019. CMS approved the request on December 3, 2019, extending the deadline for the implementation of EVV for PCS to January 1, 2021. The deadline of the EVV implementation for HHCS remains unchanged.

Georgia is requiring the use of EVV for PCS starting October 1, 2021. FMAP reductions were applied for the first quarter of 2021.



20. *How did the GFE approval to delay EVV implementation until January 1, 2021, affect Georgia's implementation?

DCH fully intended to use the additional year for implementation activities to conduct a pilot and soft launch and ensure all compliant third-party EVV systems were seamlessly integrated with the State EVV solution by January 1, 2021. However, activities and events (i.e., COVID-19 Pandemic Emergency Declaration) prohibited DCH from moving forward with implementation activities until late 2020.

21. *What is the timeline for deployment?

The State EVV solution will be available and ready for use starting April 1, 2021. During this first phase of EVV implementation, the State EVV solution will have full functionality for Providers. This includes the mobile application and telephony / IVR, e.g., application use, dashboards, scheduling, clock in and out, reports etc. This phase does not include claims submissions. Third-party EVV vendor integration and aggregation will continue. During this time, DCH will work with Providers to ensure administrators and users are registered and trained.

The State EVV solution will make claims submission available in late May 2021. During this time, PCS claims with EVV information can be submitted through the State EVV solution but will not be required for payment until October 1, 2021.

Starting October 1, 2021, Georgia is requiring the use of EVV for PCS claims processing and payment. Providers should have the State EVV solution (or an alternative EVV solution) implemented by this date.

22. *How do I sign-up with DCH to use the State EVV solution?

Registration will be available starting on March 29th, 2021, and information will be made available as soon as possible. Please sign up for the [EVV listserv](#) to receive updates via email.

EVV PROCESSING AND TECHNOLOGY QUESTIONS

23. How does EVV work?

An EVV system electronically confirms that home or community-based service visits occur by keeping track of six points of data:

- ❖ Who receives the service;
- ❖ Who provides the service;
- ❖ What type of service is performed;
- ❖ Place where service occurs;
- ❖ Date of the service; and
- ❖ Time the service begins and ends.

24. How will the data points be captured?

If using the State EVV solution, the Provider gathers the information at the point of care using either a mobile application on a smart phone or other mobile device, telephony / IVR, or manual entry.

25. What software will the phone or tablet need to use the State EVV solution?

The State EVV solution's mobile application works with most mobile devices; e.g., smartphones, tablets. All technical specifications are available on the DCH EVV Providers page in a document entitled "Tellus EVV Hardware and Software Requirements" or [linked here for download](#).



26. *Is telephony / IVR an acceptable method of EVV?

Yes. All EVV systems, including those that use telephony / IVR, must be capable of capturing and storing the following mandatory data points:

- ❖ Who receives the service;
- ❖ Who provides the service;
- ❖ What type of service is performed;
- ❖ Place where service occurs;
- ❖ Date of the service; and
- ❖ Time the service begins and ends.

The landline phone number associated with the Member is acceptable to verify the location for telephony / IVR. Attempting to use a cell phone for telephony / IVR verification is unacceptable.

27. *Is a key FOB / Fixed Device an acceptable method of capturing EVV data?

No. Due to industry best practices and logistical limitations, key FOBs / Fixed Devices are no longer being offered as an EVV mobile application alternative in Georgia.

28. NEW: How do I apply or register for the use of telephony / IVR?

The use of telephony / IVR requires application and approval from DCH. You can download the PDF application by [clicking here for self-directed members](#) and [here for traditional Medicaid members](#).

29. Can a laptop or desktop be used for EVV instead of a mobile device?

No. A smartphone or tablet is required for aides to use the Netsmart (Tellus) EVV app during visits. The Netsmart (Tellus) EVV administrative dashboard is available from a laptop or desktop internet browser.

30. Will a code or facial recognition be required for employees to clock in and clock out using the State's EVV system?

If accessing the State EVV system using the mobile app on a smartphone or tablet, a username and password are always required. A personal identification number (PIN), thumbprint, or facial recognition can be used but are not required. If accessing the State EVV system administrative portal from a desktop or laptop computer, users will be required to log in with an email address and PIN.

31. Do Members have to be at home for EVV visit check-in or check-out?

No. The State EVV solution will be able to collect multiple addresses for each Member so aides may verify services rendered in the home, as well as in the community. Therefore, Members can continue to participate in activities in their communities as usual.

32. Will Georgia be using GPS technology to help capture the required EVV data?

Yes. The State EVV solution uses GPS technology (location tracking) to verify the location of services rendered. The State EVV solution only uses GPS technology upon check-in and check-out when the mobile application is engaged. The EVV mobile application will not continuously track the location of the Provider.

33. Does the mobile application need to be opened the entire time the service is being provided?

No. The Provider will only need to log in to the mobile application app to check in and to check out.



34. *The State EVV solution requires a Member signature to submit the visit data. What if a Member is unable to provide a signature?

If the Member's signature cannot be provided, the system will present you with a list of reason codes to document the exception. After you select the appropriate reason code, the State EVV solution will allow you to submit the visit data.

35. *If the State EVV solution mobile application is not working, how should the visit be documented?

An aide can contact their administrator to manually log their visit through the State EVV solution's administrative portal. A reason code must be entered by the administrator explaining why the visit could not be captured using the mobile application or telephony / IVR. Reason codes are provided within the system for selection by the administrator.

36. Can a Provider use the EVV mobile application even if the internet connection is spotty or unavailable?

The State EVV solution's mobile application allows for check-ins and check-outs when the device is offline, but the Provider will need to make sure the visit information is pulled up in the mobile application prior to arrival, while there is still a connection. After the visit, once the Provider reaches an area where they have internet access, the service details will be synched with the State EVV solution vendor's server.

The State EVV solution's mobile application will automatically go into "Offline Mode" if the Provider's mobile device is unable to connect to the internet via a cellular or Wi-Fi network, or if the State EVV solution is unavailable for any reason.

When the mobile application goes into offline mode, it will continue to function normally but will show an "OFFLINE MODE" banner to alert the Provider that the application is offline. If the Provider has previously downloaded their schedule, then they will be able to capture the required EVV data regardless of whether they have internet connectivity.

Most mobile device location services rely on both global positioning services (GPS) and triangulation to cell towers to locate the user with the highest precision but will continue to provide location based only on GPS if cell towers are not available. While the mobile application is in Offline Mode, all visit data will automatically be encrypted and stored locally on the mobile device. When the Provider next connects to the internet, the State EVV solution's mobile application will automatically upload all visit data that was gathered during offline operation and upload it to the State EVV solution vendor's servers.

During offline mode, the only degradation in functionality is that (a) the mobile application cannot download any schedule changes made by the Provider's Billing Administrator, and (b) the Provider's Billing Administrator cannot receive the status of visit check-ins and check-outs made using the mobile application.

37. Do Providers have to buy aides smart phones or tablets to use the State EVV solution?

No. Providers are not required to buy aides smart phones or tablets for EVV. The State EVV solution offers multiple methods to collect the required EVV data, including:

- ❖ Mobile application (requires a mobile device);
- ❖ Telephony (requires a Member land line) / IVR; or
- ❖ Manual entry



DCH will not supply or reimburse for equipment provided to aides. Additionally, Medicaid cannot be used to purchase the devices.

38. *What if Members do not allow Providers to use their landline phone for EVV, and the Provider does not have a mobile device for EVV?

In those instances when a Member's landline phone is unavailable, the Member and Provider should discuss alternative methods to capture the required data. The use of a mobile device such as a smartphone or tablet can be used. If a mobile device or landline phone are all unavailable, manual entry by an administrator may be performed. The aide will write down their visit start and end times and provide it to their agency. The Provider will need to manually input the visit information. Providers must document the reason for the manual visit edit by selecting or using one of the approved reason codes. The State EVV solution will capture a clear and reportable audit trail of all the manual activity.

The use of telephony / IVR requires application and approval from DCH. You can download the PDF application by [clicking here for self-directed members](#) and [here for traditional Medicaid members](#). Reason codes are provided within the system for selection by the administrator.

39. Will Providers need additional staff to manage EVV?

No. Providers should not need additional staff to manage EVV. It is very important that Providers make sure that both aide staff and office staff are fully trained on and compliant with EVV, which will ensure a smooth and successful EVV implementation for their agency.

40. Can Provider staff information be imported into the DCH EVV system?

Yes. Provider staff information can be imported into the State EVV solution. The State EVV solution vendor will assist with this task during implementation activities.

41. Can Providers continue to use their current scheduling system?

Yes. Providers can continue to use their current scheduling system. There is a scheduling module within the State EVV solution that can be integrated with third-party scheduling systems. The third party would transmit visit data reflecting created/scheduled and visit ended (completed, cancelled, etc.) statuses.

42. Can Provider staff schedules be created in advance, and can they be edited afterwards?

Yes. Schedules can be created in advance, and there are multiple ways to edit them. The State EVV solution implementation training will cover this topic and many others.

43. *Is my third-party EVV vendor compatible with the State EVV solution?

All third-party EVV vendors will need to integrate with the State EVV solution. The State's EVV solution vendor, Netsmart (Tellus), will provide information regarding next steps for system integration and testing. You can review if your vendor has begun the integration process by reviewing the [EVV Third-Party Vendor Memo](#). If you are a Provider working with a third-party EVV vendor, please ask your EVV vendor to contact Netsmart (Tellus) at integrations@4tellus.com as soon as possible for more information.

If you are an EVV vendor working with a Georgia Medicaid Provider, please contact Netsmart (Tellus) at integrations@4tellus.com as soon as possible for more information.



44. If I already use an EVV system, where can I find information on how to integrate with the State EVV solution?

Third-party EVV vendors will receive information about integrating and testing with the State EVV solution upon contacting the State EVV solution vendor, Netsmart (Tellus), at Integrations@4tellus.com.

45. *If I already use an EVV system, will DCH credit me for the cost of that system?

No. DCH will pay for the implementation of the State EVV solution; including system implementation, Member and Provider training, and ongoing operations and maintenance. There is no charge to Provider agencies for using the State EVV solution for EVV-required services for Medicaid clients. Should Providers choose to use an alternative system, this system must integrate with the State EVV solution. Any costs associated with procuring, implementing, integrating, and/or operating an alternative EVV system is the responsibility of the Provider.

46. What sort of EVV reports will the State EVV solution provide?

There are a variety of reports available to both the Provider and DCH. DCH will determine which reports will be used to monitor and manage both EVV and home and community-based services (HCBS). Providers will have access to their data and will be trained on reporting as part of the State EVV solution implementation training.

47. Will workers have to log in and out for each personal care task during a visit?

No. Workers will log in and can choose a broad service code that includes all the tasks performed during the visit.

48. *What happens if a Provider must perform a visit before receiving a prior authorization?

The Provider performing a visit before receiving prior authorization will still need to collect and provide the required EVV data for the visit. Once the visit is approved through the prior authorization process, the visit can be confirmed and the State EVV solution will submit the claim to GAMMIS.

49. If a care aide worked a shift that started before midnight and ended after midnight, will there be an impact to how they use EVV? Will they have to report two separate services?

No. If the aide is using the State EVV solution's mobile application and the visit spans multiple days, the aide does not need to clock out at midnight or restart the visit the next day. If the aide is using a third-party EVV vendor, the aide will need to reach out to the Provider to confirm their process.

50. *The aide's check-in or check-out location is different from the address on the scheduled visit. For example, the check in was at the Member's doctor's office instead of their home address. What location should be recorded?

The check-in and check-out address(es) should be the actual address where the shift begins or ends and is the address(es) that should be recorded. Understandably, the service may be provided in a location other than the Member's place of residence. It has always been the Provider's responsibility to ensure the care is provided in a safe location desired by the Member.

The State EVV solution mobile application works using scheduled visits. It is acceptable for care to be completed at a different location than scheduled, but a reason code will need to be added along with an explanation to clarify why this change occurred. Reason codes are provided within the system for selection by the administrator.



51. *Will the Provider be able to manually update a visit if the aide forgets to clock in or out?

Yes. Manual entry by a Provider administrator due to a missed clock in or clock out is an option, but a reason code will need to be provided to explain why the manual edit was required. Reason codes are provided within the system for selection by the administrator.

52. *What if the aides have to stay longer than a scheduled visit due to an unexpected incident such as a doctor's visit taking longer than scheduled?

Administrators have the ability to manually adjust the scheduled visit time to match the clock-in and clock-out time. This would require a reason code and note to explain the manual adjustment.

The additional time should be considered related to maximum authorized units and authorizations. EVV will not impact DCH processes or policies related to authorized units or overtime pay.

53. Can Providers use the State EVV solution for other services / programs?

DCH will pay for using the State EVV solution for Medicaid clients for the programs and services for which EVV is required. Providers have the option to independently contract with Netsmart (Tellus), the State's EVV Solution Vendor, to use their solution for other services / programs.

54. Are Providers still required to provide the current HCBS manual documentation when EVV is in place?

This is a DCH policy decision; therefore, DCH will need to determine if manual documentation will still be required once EVV is implemented. The final decision regarding documentation will be communicated to Providers prior to the EVV deployment.

55. Is the State going to be measuring Providers a new way?

The State will continue to measure Providers as they do today. The only additional measurement related to EVV will be whether a Provider is using EVV as instructed for all Medicaid-funded home care visits.

56. Are Providers able to use the State EVV solution for non-Medicaid clients?

Providers must contract separately with Netsmart (Tellus) to use the EVV solution for non-Medicaid clients.

EVV PROVIDER SYSTEM TRAINING

57. *What is the timeline for training and education on the EVV system?

DCH EVV solution training is available as of March 16th, 2021. Visit the [DCH EVV Schedule of Events](#) webpage to review available training dates and options.

- ❖ EVV training registration is open now;
- ❖ Providers, who have provided their contact information, will receive training updates; and
- ❖ Providers should check DCH's EVV website regularly for updated information about training and other important implementation news.

58. If a Provider chooses to use the State EVV solution, will the Provider receive training?

Yes. Any Provider required to use EVV who chooses the State EVV solution will receive training from the State EVV solution vendor. More information about training is available on the DCH ["EVV Schedule of Events"](#) page website. Please sign up for the [EVV listserv](#) to receive updates via email.



59. How will Providers be trained on the State EVV solution?

The State EVV solution vendor will provide all training. Online classroom and independent, self-paced training will be available. Training will also include printable reference materials, simple user guides, and tips and tricks. Each Provider should require key staff to attend a training session to ensure all staff are ready to use EVV. A training schedule will be shared as soon as possible and when available, training information can be found on the [DCH EVV Events webpage](#).

EVV BILLING AND CLAIMS PROCESSING

60. *How will the State EVV solution work with the GAMMIS, Georgia's MMIS system?

The State EVV solution will receive Member data from GAMMIS. All claims for EVV-required services claims must be submitted to GAMMIS through the State EVV solution. Providers can view the status of claims using GAMMIS or the State EVV solution's administrative dashboard.

61. How do Providers know if their claims were accepted or rejected?

Providers will continue to use the same process they use today to determine if claims have been accepted or rejected. There should be few rejected claims since the State EVV solution makes sure claims include all the required data prior to submission. If a claim is rejected, Providers will receive training on how to resubmit claims through the State EVV solution.

62. *Will Providers be able to submit claims for EVV-required services through the GAMMIS Web Portal after EVV is in place?

No. Providers will not be able to submit claims via the GAMMIS Web Portal for EVV-required services after October 1, 2021. Going forward, the State's EVV Solution must be used to submit claims for EVV-required services. Providers may continue to use the GAMMIS Web Portal or electronic 837 files to submit claims for services that do not require EVV.

63. *Where should Providers check for status updates of submitted claims?

Providers can continue to view the status of claims via the GAMMIS web portal or by viewing their remittance advice(s). Providers can also view the status of claims on the State EVV Solution administrative dashboard.

64. How will Providers receive remittance advice?

There will be no changes to the process that is currently in place today.

65. Do I have to change the frequency I bill due to EVV?

No. The Georgia Medicaid Program's required billing frequency will not change due to the EVV implementation.

The State EVV solution has the capability to submit claims at any frequency that best suits a Provider's business needs.

PRIVACY

66. With whom will DCH share data collected by the EVV solution?

The data captured in the State EVV solution belongs to DCH. DCH will share claims information with the Department of Behavioral Health and Development Disabilities (DBHDD) as the operating agency for the NOW and COMP waiver programs. All other requests for EVV data must be submitted to DCH and may be approved or rejected at DCH's discretion.



67. What protections are available for HIPPA information on the cloud-based system?

All data is encrypted, and no data is stored on any portable device.

68. *Who do Providers call if they have a question or complaint about EVV?

Providers should direct their general EVV Program question(s) or concern(s) to the DCH EVV email address: evv.medicaid@dch.ga.gov. Questions or complaints regarding the use of the State's EVV solution can be directed to the State EVV solution vendor's helpdesk. The helpdesk contact information will be available on the DCH EVV Website on March 29, 2021.

The FAQs include the most common EVV questions received by DCH that are related to Providers. DCH monitors all questions received and frequently updates the FAQs, so please check the DCH EVV website regularly for new information!