Electronic Visit Verification (EVV) Frequently Asked Questions

LAST UPDATED: FEBRUARY 2024

Contents

GENERAL

What is Electronic Visit Verification (EVV)?
The 21st Century Cures Act (The Act) requires implementation of Electronic Visit Verification (EVV) to prevent reduction in the Federal Medical Assistance Percentage (FMAP). EVV is required for Personal Care Services (PCS) and Home Health Care Services (HHCS). According to The Act, EVV is required to verify the following information:

- Type of service performed.
- Member receiving the service.
- Caregiver providing the service.
- Date of service
- Location of service
- Time the service begins and ends.

This method of verification provides an accurate accounting of caregivers' actions in accordance with the member's person-centered service plan while minimizing or eliminating inappropriate claims.

Who is involved with EVV?
EVV involves attendants, providers and caregivers who deliver PCS and HHCS to IA Health Link members. The implementation of EVV is federally mandated through The Act. Providers who provide the following services must engage with EVV.

Code	Modifier	Description
S5125	None & U3	Agency Consumer Directed Attendant Care
S5130	None	Homemaker
S5131	None	Homemaker, Per Diem
S9122	None	Home Health Aide, when billed without a revenue code (waiver; non-waiver)
S9123	None	Nursing Care, RN, (waiver, non-waiver)
S9124	None	Nursing Care, LPN, (waiver, non-waiver)
T1002	None	Nursing Care, RN, IMMT, home
T1003	None	Nursing Care, LPN, IMMT, home
T1004	None & U3	Home Health Aide, IMMT, home
T1019	None & U3	Individual Consumer Directed Attendant Care
T1021	None	Home Health Aide, home
T1030	None	Nursing Care, RN, home
T1031	None	Nursing Care, LPN, home
G0299	None	RN Direct Care, home health or hospice setting

G0300	None	LPN Direct Care, home health setting or hospice setting
G0158	None	OT Assistant, home health setting or hospice setting
G0159	None	PT, home health setting
G0160	None	OT, home health setting
G2169	None	OT Assistant, home health setting
G0151	None	Physical Therapist (PT), home health setting or hospice
G0152	None	Occupational Therapist (OT), home health setting or hospice
G0153	None	Speech Language Pathologist (SLP or ST), home health setting or hospice
G0156	None	Home Health Aide, home health or hospice setting
G0161	None	SLP, home health setting

When do providers need to start using EVV?
The Act mandated all PCS providers to start using EVV no later than January 1, 2021 and HHCS providers no later than January 1, 2024. It is encouraged that providers begin using EVV before the deadline to allow time to prepare for this change and reduce possible disruption of claims reimbursement. HHCS providers should express their interest in being an early adopter via email at evv@dhs.state.ia.us.

What are the benefits of an EVV system?
There are many reported benefits of an EVV system. Reported benefits include:
- Improving quality and the delivery of care by making caregiver activities transparent and measurable.
- Increasing claim auto-adjudication or clean claims rate, resulting in faster claims payment.
- Reducing likelihood for error or potential fraud by recording the individual caregiver's location, check-in and check-out time and data on what services were provided to whom.

What is CareBridge?
Managed Care Organizations (MCOs) have chosen CareBridge as the EVV solution to meet the requirements of The Act. CareBridge supports a wide array of aggregation capabilities, meaning providers may continue utilizing EVV through their existing EVV system or vendor. More information and training are available on the CareBridge website.
https://www.carebridgehealth.com/iowa

Can I keep my current caregiver?
Yes. Members can keep their current caregiver if that caregiver is compliant with the EVV requirements. To receive Medicaid payment for personal care services and home health care services delivered in the home The Act requires the use of EVV.

Who will be the contact at Iowa Medicaid office to send questions/issues to?
Iowa Medicaid is collecting questions and issues at evv@dhs.state.ia.us.

What support is available before the implementation?
There are many support channels for you as you transition to EVV. If the question pertains to EVV setup, pre-billing alerts, EVV third-party vendor integration, etc. contact CareBridge using the following contact information:
- CareBridge EVV Users: iaevv@carebridgehealth.com or 1-844-343-3653
- Third-Party EVV Users: evvintegrationsupport@carebridgehealth.com or 1-844-920-0989

If the question pertains to billing, claims, units authorized, etc. contact the applicable MCO using the contact information below:
- Amerigroup: ProvidersolutionsIA@amerigroup.com or 1-800-454-3730
- Iowa Total Care: itc_evv@IowaTotalCare.com or 1-833-404-1061
- Molina: iaproviderrelations@molinahealthcare.com or 1-844-236-1464

Training information is also available online by accessing the CareBridge website, https://www.carebridgehealth.com/trainingiaevv.

Is there a specific contact at CareBridge for providers to work with on a one-on-one basis for company specific questions?
Yes.
- CareBridge EVV Users: iaevv@carebridgehealth.com or 1-844-343-3653
- Third-Party EVV Users: evvintegrationsupport@carebridgehealth.com or 1-844-920-0989

Will Iowa Medicaid hold frequent training and question and answer sessions?
Iowa Medicaid continues to play a key role in communications and oversight. Training and program information will be made available through a variety of media and venues.

How have Medicaid members been alerted about engagement opportunities?
A series of communications on EVV were distributed to members by their associated MCO. Members can attend training and access resources through CareBridge. CareBridge's website can be accessed at https://www.carebridgehealth.com/iaevv. For paper material requests or accessibility requests, please contact the respective MCO Provider Relations Team.

Will Iowa Medicaid be sending letters to beneficiaries and putting training together for those beneficiaries explaining the changes?
Training was developed by the MCOs and subject to Agency approval. Iowa Medicaid will play a key role in communications and oversight.

I'm caring for my [parent]. Does this apply to me?

If you are caring for a family member receiving EVV required PCS or HHCS, you are required to use EVV to record services.

Are live-in caregivers exempt from EVV?
Live-in caregivers will not be excluded from EVV. EVV is being implemented based on the service code being utilized for service provision.

Are Fee-for-Service (FFS) members exempt from EVV?
EVV will not be implemented for FFS at this time. Providers serving FFS members will continue to submit claims as usual.

Are visits where Medicaid is the secondary payer (not the primary payer) subject to EVV?
If the service will result in the need to bill Medicaid, this will need to be submitted through EVV.
If Medicare/Private Insurance is primary and Medicaid is only covering cost sharing this would not require use of EVV.

Will Managed Care Organizations (MCOs) be required to use the same Electronic Visit Verification (EVV) vendor (CareBridge)?
Iowa Medicaid is electing to use a Managed Care implementation model. MCOs will use the same EVV solution. CareBridge is the chosen EVV solution.

Is there a process for alternate vendors to be vetted with providers? If there is alternate vendor testing, will providers be exempt from payment denials while they test the new systems?
No. MCOs have selected CareBridge as the EVV solution. Providers may use an alternate vendor, but that vendor must be compliant with The Act, and must also aggregate with CareBridge for claim submission. Information on CareBridge EVV Data Integration can be found at evvintegration.carebridgehealth.com and support provided by contacting evvintegrationsupport@carebridgehealth.com.

Why is the implementation beginning with MCOs instead of FFS?
Nearly all services are provided through MCOs therefore FFS will not be part of the initial implementation. EVV has been implemented in a phased-in approach with the MCOs.

Have you considered a test system that providers can use for employee training?
CareBridge offers several training opportunities to assist providers and employees in feeling comfortable using the EVV system and the dashboard. CareBridge is happy to consider feedback on improving the training experience. The Provider Portal offers example dashboard on at the bottom of the dashboard to use a test environment. For help navigating the portal or mobile application, please contact CareBridge Customer Support at iaevv@carebridgehealth.com or (844) 343-3653.

Can providers use CareBridge for clients that pay privately?
CareBridge is an EVV service provided at no cost to the members or providers by the Iowa MCOs. Private pay services are not required to go through EVV. If a provider wants to arrange to utilize CareBridge for non-required services, they should contact CareBridge directly as this would not be paid through MCOs

How much will the EVV platform cost?
CareBridge will not charge providers for using the EVV platform.

Will the MCOs be helping cover the cost of hardware requirements for providers to facilitate mobile device access?
No, the MCOs will not be covering the cost of hardware. CareBridge offers multiple methods of check in/check out. For those caregivers who do not have access to a mobile device, Interactive Voice Response (IVR) through a landline telephone can be used to complete a visit at no additional cost.

I do not feel comfortable using my personal device to download the app. Are you providing a device for my clients, so I can check in/check out using this device?
CareBridge will not provide members a device to solely address EVV, however, the member's Case Manager can work with them to apply for a phone through the Value-Added Benefits offered by the MCOs. The mobile application is safe and secure. In addition, Iowa Medicaid members may apply for Lifeline services through SafeLink. There are three ways to apply for Lifeline services through SafeLink:
- Visit safelinkwireless.com and apply online.
- Complete and return a SafeLink application by mail.
- Contact by phone and apply at (877) 631-2550.
- For additional assistance, contact your MCO case manager.

Is the landline option or Interactive Voice Response (IVR) toll-free number?
The IVR number for Caregiver use is: (515) 489-4787. The IVR number for Member use is (515) 800-2537. A toll-free option is available upon request. Please contact CareBridge at (844) 343-3653 for a toll-free option.

Will providers using CareBridge be given an application (compatible with iPhone/Android) that can be downloaded to devices vs. devices being sent to beneficiaries' homes?
Yes. CareBridge offers a downloadable mobile application (iOS & Android) that Caregivers can use on their own devices. The CareBridge Mobile Application is reported to be easy, free to download, safe and secure to use, ensuring information is protected. The mobile app takes up very little storage and next to no data to utilize. There will also be an Interactive Voice Response (IVR) option where the caregiver can use the member's phone to check in and check

out if using the mobile app is not an option. The CareBridge mobile application is the preferred method of checking in and checking out.

What if the provider does not have an email address?
There are several free options for setting up an email account. It is important to have updated contact information on file with the MCO. You can also use an existing email account of a family member or friend. An alternative to the online portal is the IVR solution. More information can be found on the CareBridge training website at http://resourcelibrary.carebridgehealth.com/iaevv

Should providers expect their clients to allow us to use their phones for the IVR? What if they don't have a home phone? Does a cell phone work?
The CareBridge mobile application is an alternative to IVR. The caregiver can use their own device to check in and out with the application.

Is it Health Insurance Portability and Accountability Act (HIPAA) compliant to have staff have access to clients' medical information on their personal phones?
The CareBridge mobile application has gone through State level privacy and security protocols to ensure compliance with protected client information.

You said the CareBridge app is secure. What data you are collecting other than the services rendered?
The Act mandates that the following data be collected during the visit:
- Type of service performed.
- Member receiving the service.
- Caregiver providing the service.
- Date of the service
- Location of the service
- Time the service begins
- Time the service ends.

How do caregivers let the MCO know a member has been admitted to the hospital or nursing home?
This process will not change. Caregivers will continue to let the MCO know when a member is in the hospital or nursing home just as you do today.

Do you expect double billing?
No, the EVV system serve as the only method for billing and corrected claims for required EVV service codes.

What is the best way to handle Third-Party Liability, corrected claims or claims that need held because of documentation errors?

Information is available within CareBridge Agency Portal User Guide. Refer to:
http://resourcelibrary.carebridgehealth.com/iaevv.

CONFIGURATION

What is a third-party vendor?
When referring to a "third party vendor" we are referencing any Electronic Visit Verification (EVV) vendor agencies may be using that is not CareBridge.

Can agencies who already use an existing EVV system continue to use these, or do we have to start with CareBridge?
If you are currently using a third-party vendor and the system is compliant with The 21st Century Cures Act (The Act), CareBridge will work with the third party vendor for data aggregation.

Is there a list of third-party vendors that is OK with CareBridge for integration?
Third party EVV Vendors that are compliant with The Act may integrate with CareBridge. For more information on EVV Data Integration with CareBridge please visit evvintegration.carebridgehealth.com

If the third-party vendor cannot meet the milestones by the stated timelines, will they be able to integrate at a later date?
Integration must be ready by the respective integration dates. If aggregation is not possible, the provider would use the CareBridge system in the interim then move to a different system later.

How do EVV vendors that are already in place or are chosen by providers get approved to be able to submit information to the aggregation option chosen by the state? Is there a vetting process for alternate vendors? Will providers be exempt from payment denials while they test the new systems with vendors?
Providers who are currently utilizing a third-party vendor compliant with The Act can continue to use their solution. The third-party vendor must be able to aggregate data with CareBridge. There are no exemptions from payment denials for not completing integration in time. The CareBridge system can be used in the interim. Please visit the CareBridge EVV Data Integration website at evvintegration.carebridgehealth.com

Where are current specifications posted for system configuration updates?
CareBridge has published an Iowa Specific CareBridge EVV Integration Guide and Technical Specification located at https://carebridgehealth.zendesk.com/hc/en-us/articles/360052099574-Iowa.

What does the agency have to do to link CareBridge with our electronic documentation and billing system?
For information on data integration with CareBridge please visit the CareBridge EVV Data Integration website at evvintegration.carebridgehealth.com

If we are going to work with our current electronic health record (EHR) vendor to feed the required information into CareBridge, who is the contact for this to work on that process?

Provider agencies will be receiving an email and/or fax from the MCO with a Provider Set Up & Access Request Form embedded within their welcome letter. This Set Up & Access Request Form will be instrumental in ensuring CareBridge can assist you to ensure a smooth transition to EVV and for CareBridge to connect directly with your organization to collect additional information. After this information is received, our team will assess your individual need and options for integration. For support, please contact CareBridge at IAEVV@CareBridgeHealth.com or (844) 343-3653 and the appropriate team member will be in touch within 2 business days. Please visit the following CareBridge website to complete this form http://evv.carebridgehealth.com/loginrequest.

If a provider already has an EHR system they use for billing, writing plans, service documentation, etc., can they continue to use that and connect it to CareBridge, or will a provider have to enter it the same info into the EVV system?

CareBridge has integrated with EHR system EVV solutions. CareBridge will integrate with any 21st Century Cures Act compliance EVV solution. If your EHR has an EVV compliant component, your system should be able to integrate with CareBridge and you should not need to capture your services directly in CareBridge.

We do not plan to change our authorization/billing/EHR system. We will need to have direction on how to use CareBridge for location and check in/out without increasing our administrative burden by an unreasonable amount.

Training is available for all functionality of the CareBridge EVV Platform based on what your agency will be using. If your organization chooses to continue use of your current third-party vendor, it must be compliant with The Act. For information on data integration with CareBridge please visit the CareBridge EVV Data Integration website at evvintegration.carebridgehealth.com

We do our billing monthly after we audit and double check our claims/visits. We picked this option when setting up our skilled services in CareBridge but do these claims automatically get pulled? Or will this work like the personal cares services where we are exporting these claims manually ourselves?

Just like with PCS, Providers will still be responsible for initiating the claim by either exporting it for billing (if they are a CareBridge user) or sending visit data with a valid claim action of "N" via their Third-Party EVV vendor. The primary difference for HHCS is the frequency at which CareBridge generates the claims once billing has been initiated by the Provider. CareBridge covers additional details and information regarding billing frequency setup. For more information CareBridge encourages Provider to attend informational sessions and access resource library.

Will there be a source document on edits and billing guidance developed by the Department that both MCOs must follow?
Education materials specific to billing will be developed by the MCOs and subject to Iowa Medicaid approval. For information on data integration with CareBridge please visit the CareBridge EVV Data Integration website at evvintegration.carebridgehealth.com

Will a phased in approach be used where providers are given warning codes that they can fix prior to payment denial codes being implemented?
Yes. The CareBridge EVV solution is set up to streamline the claiming process. The mobile application and the web-based platform are configured to note when information is not present that is required for payment. For example, when a provider exports claims for payment, the system will assess the visits selected for potential claiming issues as defined by the MCO. There will be a phased approach to training and implementation to allow all providers to get used to the new system and processes.

Will the MCOs be required to demonstrate that the EVV system is working properly before being allowed to turn on edits and deny claims?
Yes. MCOs must demonstrate that the system meets industry standards prior to implementation at any scale. Once all criteria for implementation are met, the MCOs may begin implementation as outlined in their project plan

Will there be a penalty for errors? What about missed punches?
Failure to comply with EVV requirements may result in claims denials or delays. The CareBridge EVV solution is set up to reduce errors. When the 'Export to Claims' button is selected, the CareBridge Provider Portal will assess the visits selected to be exported for potential pre-billing errors defined by the MCOs. Examples of pre-billing checks that are assessed are: authorization unit overages, member eligibility, overlapping visits, authorization date ranges, late visit reasons. This will be covered in the comprehensive CareBridge EVV training.

If we bill in CareBridge for services and we bill out of our current software for services are the claims going to deny as duplicates?
All EVV required service codes must be billed through the CareBridge EVV solution. All other services can continue to be billed through the traditional method.

Is there a Vendor Integration Frequently Asked Questions (FAQ) available?
Yes. Please visit the CareBridge website at https://carebridgehealth.zendesk.com/hc/en-us/articles/1500000864922-Third-Party-EVV-Vendor-Integration-FAQs

USER EXPERIENCE
When is the billing training for Electronic Visit Verification (EVV)?

Billing is covered in CareBridge training. You can register for training as well as review additional modules and the dates and time they are offered on the CareBridge website. https://carebridgehealth.zendesk.com/hc/en-us/articles/1500012466561-Provider-Agency-Training-Registration-Information

How will notes play into payment? i.e., travel can be 10 minutes and 25 minutes and 45 minutes; all under the same duty just different days.
The activities that are performed during a visit are used for auditing and documentation purposes ensuring alignment with the member's person-centered care plan. Visits are paid by authorized units of service. Totaled units are billable in 15-minute increments. For a unit of service that is seven minutes or less, the service is not billable. For a unit of service that is greater than seven minutes, the service is billable. CareBridge is configured to align with the Iowa Administrative Code's Rounding Rules.

You said, that if we do repetitive tasks, a provider can choose to combine same tasks and enter info one time instead of multiple and add notes. Do we need to write the same notes every day we are checking in/out?
The notes you enter should reflect the service that occurred that day. What that means is your notes should describe the activities completed for the date and time that the service was provided.

Does the training include all the modules listed on the CareBridge EVV training link?
Yes. You can find all training modules here. Simply navigate to the applicable provider type button, i.e.: agency, ICDAC, CCO, and click to register for your desired session. For more information please visit the CareBridge website http://resourcelibrary.carebridgehealth.com/iaevv

How do we get a provider number to access the CareBridge platform?
A designated administrator should complete the CareBridge Provider Set Up & Access Request Form to obtain user credentials. This form only needs to be competed once per Tax ID/EIN. Please visit the following CareBridge website to complete this form http://evv.carebridgehealth.com/loginrequest.

How many administrators can an agency have in the CareBridge application?
This is entirely up to the agency. CareBridge will acknowledge one appointment administrator.

What if there is a tablet that is used and one person is the administrative staff member that setup the application, how will this work for other staff members if the administrative user is setup for the two-step verification?
Two-factor authentication is required by log in, not by device. Each caregiver has their own unique provider ID and login credentials. Multiple caregivers can be using the same device to check in and out of visits, as they all have their own credentials. Per user, two-factor authentication is required every 10 days.

Will the CareBridge platform be the only method for providers to get authorizations once EVV is fully implemented?
The MCOs will continue with their current process of sending authorizations to providers. Authorizations being viewable within the CareBridge platform will be in addition to the existing process.

Should I acknowledge an authorization before we've officially begun using the platform?
Acknowledging an authorization means that you plan to service it using the platform. Please begin by attending training, then logging into the system, acknowledging authorizations and scheduling them, have caregivers begin clocking in and out and finally submit the visits for billing.

What if there is not an authorization?
The CareBridge EVV Platform can create appointments independently from an authorization record. Providers should contact the MCO for any questions on authorizations.

How does CareBridge know when a visit is ready to be billed?
For CareBridge portal users there is a functionality within the system to signal the visit(s) are ready to be billed. For third-party vendors, there is a claim action field.

Does the app automatically submit billing every Sunday? We have other approved services to bill for other than what is submitted on the app. Are those additional services billed separately to each of the MCOs?
There are many options for claims submissions. Please reach out to MCOs or CareBridge for more information.

Is CareBridge required to send the remittance advice and 835/277/999 files received from their contracted MCOs back to the host EMR?
Your agency will continue to receive remittance files in the way you do today.

What if there is not smart phone access?
There are options if smart phone access is not available. For example, if smart device and/or Wi-Fi connectivity is not available, CareBridge's mobile application allows for "store and forward" capabilities. In this case, the EVV information is stored at the time of service and uploaded to the CareBridge platform when connectivity resumes. CareBridge EVV also offers other modalities for EVV such as Interactive Voice Response (IVR) functionality if a smart phone is not available for use or, in rare instances, the use of a Fixed Object Device ("a FOB") if a caregiver does not have a phone and the member does not have a landline.

What if Internet access is spotty in the rural areas?

If smart device and/or Wi-Fi connectivity is not available, CareBridge's mobile application allows for "store and forward" capabilities. In this case, the EVV information is stored at the time of service and uploaded to the CareBridge platform when connectivity resumes.

What if a staff member doesn't want to use their personal phone for the app and client has no phone? Our agency doesn't provide work phones and cannot afford to do such.
The CareBridge Mobile Application is easy, safe and secure to use, ensuring information is protected. There will also be an Interactive Voice Response (IVR) option where the caregiver can use their mobile device or the member's phone to check in and check out if needed.

Where do I find our agency Provider ID?
ICDAC Caregivers: After the credentialing process with IA Medicaid and the MCO is complete, ICDAC caregivers should complete the CareBridge Provider Set Up & Access Request Form to obtain user credentials.
Please visit the following CareBridge website to complete this form
http://evv.carebridgehealth.com/loginrequest.

CCO Caregivers: CCO users can setup and access CareBridge using the following information:
- Provider ID: 292
- Username: Veridian Employee Number
- IVR Pin: Veridian Employee Number

Provider Agencies: A designated administrator should complete the CareBridge Provider Set Up & Access Request Form to obtain user credentials. This form only needs to be competed once per Tax ID/EIN.
Please visit the following CareBridge website to complete this form
http://evv.carebridgehealth.com/loginrequest

Who programs in the member care plan?
Agencies will program care plan activities for each member within the provider portal. For CDAC services, they will auto populate. Individual CDAC care plan activities will also be auto populated. CCO population will be completed by Veridian Fiscal Solutions (VFS).

Can tasks be created by each individual agency, or do we have to use only CareBridge's tasks?
Care plan tasks/activities can be customized at the member level.

Are the tasks listed in the dashboard pulled from the member's service plan?
The dashboard feature provides data visualization tools and graphs to better understand metrics related to outstanding items, billing, authorizations, members, and appointments/visits. The individual tasks/activities can be managed on the member's care plan and reporting on

when those tasks/activities were performed is also available. This is not automatically taken from the member's service plan.

Do clients/guardians need to sign timesheets as well?
Member attestation is only required for services performed by CCO caregivers.

Is the member attestation the member response to the service provided?
The member attestation is the member's agreement that the services were received.

My clients do not speak English, so how would they know what are they signing?
The mobile application supports multiple language translations such as Spanish and Russian. If additional translation services are needed, please contact the member's MCO.

How should the signature be handled if the patient is not able to sign their name? What if the client refuses to sign the attestation?
If a member refuses or is unable to sign, the caregiver will have "reasons" to choose from on the mobile application before checking out to indicate why the member did not or was unable to sign.

If the client is a child and cares are passed to another nurse instead of a guardian/parent we can add that as a reason for no Client Attestation, correct?
If a service provider cannot collect member or guardian attestation, the provider must indicate that the member refused, the member was unable, or select other.

Is the caregiver to answer the observed changes questions with each encounter?
The observed changes questions are available for the caregiver to document for each visit. This information will immediately be made available on the provider and MCO portals.

May the provider agency build its own list of observed changes?
Not at this time. CareBridge will work with the MCOs to continually assess functionality of the platform as we work through implementation.

Can you have more than one client portal open at a time? Such as, if you're working with two clients at a time or they overlap for an activity?
A caregiver can be checked in for multiple visits for different members at a single time.

If using a tablet for a setting with multiple members, can the members all sign up or login on the same tablet?
Yes. All members and caregivers have unique user credentials associated with them.

What if a staff member forgets to enter things into the EVV portal and the visit has ended already?

The provider will have the opportunity to document a manual entry to correct any of the data associated to the visit. An associated manual entry reason will also be required. Manual entries are a last resort and should not be utilized unless absolutely necessary.

Do providers have to use the schedule function in CareBridge? Or can they still use their own scheduling system?
Only PCS agency providers are required to use the scheduling function.

Must you have scheduled appointments loaded into the system? We are very flexible with our visits, often changing things frequently.
Scheduling ad-hoc appointments through the CareBridge EVV Mobile Application is a flexible option for fluid scheduling.

What if a member wants to cancel an appointment?
In instances where a member requests a schedule be changed, a provider agency can reschedule and/or cancel an appointment through the CareBridge Provider Portal.

Regarding schedules, are there options to see a week or further out?
If you are using the CareBridge EVV platform, you can schedule out if an authorization exists. You can also see them through the provider portal.

Will the geo location need to be captured with each "time in" and "time out" for EVV? Will there need to be any additional capture of the location?
CareBridge will only require geo location at the time of check in and check out. This is included in CareBridge data aggregation specifications.

What if the pickup locations are different for each visit with the client? We work with homeless individuals; we also pick up individuals from work or school to begin services and we can also start a visit at home sometimes.
The CareBridge EVV Platform can support multiple locations for check in and check out in a single visit. Upon check-in, the CareBridge Mobile Application will geolocate the caregiver and match to the closest member location stored. Multiple locations can be added for members. School or work addresses can be added to check in or out of.

Can I track my agency's or caregivers' compliance?
CareBridge's Provider Portal can be used to monitor EVV compliance at both the agency or individual caregiver level.

Are there definition of the exception codes listed in CareBridge (i.e. Contacted service coordinator)?
CareBridge has manuals on their website. Please find training and documentation information at this website http://resourcelibrary.carebridgehealth.com/iaevv

PERSONAL CARE SERVICES IMPLEMENTATION

Starting January 1, 2021, will EVV be the only way to bill the MCOs for Personal Care Services (PCS)?
All claims for the EVV required personal care service codes will need to be submitted through the CareBridge platform and claim responses will be made available to providers electronically through existing mechanisms as well as within the CareBridge Provider Portal. Claims that are not submitted via the CareBridge EVV solution will continue to be accepted for services provided through January 31, 2021.

Regarding the January 1, 2021, implementation date, is that all visits after this date, or any claims submitted starting January 1, 2021?
Service dates beginning January 1, 2021, must be submitted through EVV. Claims that are not submitted via the CareBridge EVV solution will continue to be accepted for services provided through January 31, 2021.

One of the MCOs didn't pay my in-home service provider quickly enough and they quit. Won't EVV on top of existing MCO payment delays slow down payment even more?
The use of EVV should improve the reimbursement time for ICDAC caregivers as visits can be submitted for payment in real time by the caregiver as they occur, or the system will process them. CCO caregivers will continue with their current process, which will not be impacted.

What services are required to use PCS EVV? I am assuming Home Health will, but what about Day Habilitation and their facility-based services?
Beginning January 1, 2021, Iowa Medicaid has determined the following CDAC and Homemaker services will require EVV:

Code	Modifier	Description
S5125	None & U3	Consumer Directed Attendant Care Services, Agency
S5130	None	Homemaker
S5131	None	Homemaker, Per Diem
T1019	None & U3	Consumer Directed Attendant Care Service, Individual

Are Assisted Living Facilities (ALFs) subject to EVV requirements?
Iowa Medicaid will encourage ALF/RCF shift workers to use EVV. However, ALF/RCF may opt out of EVV. The opt out option is available only if the EVV provider attestation is completed timely as per directions on the attestation form. All ALF and RCF providers must complete a new EVV provider attestation identifying their exemption status with Iowa Medicaid by July 31, 2023, and annually thereafter by June 30 of each year. Failure to comply with the attestation requirement initially, and

annually by the due date, may result in claim denials, disenrollment, sanction, termination, recoupment of funds, and/or liability under Iowa Code Chapter 685 or other federal and state laws and regulations. For additional information, please read Informational Letter 2471-MC.

What is the difference between a shift worker and a non-shift worker in terms of the exemption status for ALFs and RCFs?

Shift Worker: The caregiver is an employee of the ALF/RCF, performs personal care services as part of their routine ALF/RCF shift and provides personal care services to more than one member during their shift. The provider that employs the individual may opt-out of using EVV to document service delivery through the employer's attestation.

Non-Shift Worker: The caregiver is not an employee of the ALF/RCF, is employed by the member residing in an ALF/RCF facility to perform personal care services. This individual is subject to the Cures Act mandate and must use the EVV to document service delivery.

The PCS services for our agency will be completed on a laptop, so our only means of completing these visits is through the CareBridge website, which will make all visits appear to be manual entries. What impact is this going to have on locations?

A GPS-enabled mobile device is needed to facilitate EVV check-in and check-out using the CareBridge mobile application. If the laptop being used is not GPS-enabled, all entries would need to be entered either manually, or through IVR. Manual entries allow you to input the location where the service was performed, however manual entries are NOT considered EVV compliant. Checking in and out through the app or IVR is EVV compliant. A provider using a laptop that is not GPS-enabled would need to find another check in and check out method to meet EVV compliance. Manual entries are a last resort and should not be used unless absolutely needed.

Will EVV replace the CDAC Daily Service Record (Form 470-4389)?

Service documentation in EVV systems that capture all the requirements of form 470-4389 will be accepted in lieu of paper form 470-4389.

If this replaces the paperwork, how is the seven-year retention law affected?

All information recorded in CareBridge EVV will be accessible by download and reporting. CareBridge will continue to store this data indefinitely on your behalf.

Who enters the duties for each member? The ICDAC caregiver or EVV?

The service activities are auto populated for ICDAC and CCO caregivers based on tasks from the Daily Service Record. Caregivers are responsible for indicating which activities were performed during the visit within the mobile application.

Does EVV replace Form 470-2486 (Claim for Targeted Medical Care)? Does a CDAC caregiver still fill out this form?

For personal care services that are billed to an MCO, the CareBridge EVV system fulfills the requirements of Form 470-2486. For personal care services that are billed to Iowa Medicaid directly, form 470-2486 is still required.

Would I clock in when I pick up my client's mail or when I start to drive to the post office?
Payable service requirements are not changing. Clock in when you begin authorized tasks. Clock out when you are finished providing authorized tasks.

I work with my [child] 24/7. If I clock in for a three-hour day shift, how would I show I prepared three meals? Would I need to clock in on a split shift?
Iowa Medicaid is not exempting live-in caregivers from the use of the EVV system for submitting service documentation requirements. All EVV required service caregivers must use the EVV system to check in and out for EVV required codes. There may be situations in which the caregiver is not able to clock in and out when the shift occurs. They would then need to add a manual record for the unit(s) of service provided. The number of minutes of services provided throughout the day will be totaled each day and rounded to the nearest unit.

If the caregiver lives with the member and they understand what services are needed on a day-to-day basis and how often throughout the day, the caregiver may record that time in a one shift segment. For instance, if a caregiver provides T1019 for 60 minutes, three times a day, they can check in for three hours under that service code capturing all three hours at once.

I am my [sibling's] CDAC provider. I do his laundry at my home. I get his laundry from his apartment and bring it home to do and maybe not on the same day. How do I submit that?
Payable service requirements are not changing. Clock in when you begin authorized tasks. Clock out when you are finished providing authorized tasks. Caregivers are not to perform services in their own homes unless specifically approved.

For an agency providing ICDAC documents via EVV, how does the supervising clinician get access to the notes?
Reports can be generated by the provider agency through the CareBridge Provider Portal to share with the supervising clinician.

Will CareBridge somehow integrate into existing EMR/scheduling/billing software that we currently use, or will we have to schedule and bill completely separately for homemaker and CDAC versus our FFS visits?
At this time, Iowa Medicaid will not be requiring EVV implementation for FFS. Therefore, all FFS visits will continue to be scheduled and billed through your current means.

As discussed in IL 2117-MC-FFS, EVV will not be implemented for FFS beginning January 1, 2021. Does this mean Homemaker services are not required to have EVV on January 1, 2021?
At this time, Iowa Medicaid will not be requiring EVV implementation for FFS. FFS billing requirements will remain the same as they are currently. Any required homemaker services delivered to MCO members must be submitted through EVV beginning January 1, 2021. Claims

that are not submitted via the CareBridge EVV solution will continue to be accepted for services provided through January 31, 2021.

HOME HEALTH CARE SERVICES IMPLEMENTATION

Starting January 1, 2024, will EVV be the only way to bill the MCOs for Home Health Care Services (HHCS)?
All claims for the EVV required Home Health Care Service codes will need to be submitted through the CareBridge platform and claim responses will be made available to providers electronically through existing mechanisms as well as within the CareBridge Provider Portal. Claims that are not submitted via the CareBridge EVV solution will continue to be accepted for services provided through December 31, 2023.

What HCPCs are required by Iowa Medicaid for HHCS EVV implementation?

Code	Modifier	Description
S9122	None	Home Health Aide, when billed without a revenue code (waiver; non-waiver)
S9123	None	Nursing Care, RN, (waiver, non-waiver)
S9124	None	Nursing Care, LPN, (waiver, non-waiver)
T1002	None	Nursing Care, RN, IMMT, home
T1003	None	Nursing Care, LPN, IMMT, home
T1004	None & U3	Home Health Aide, IMMT, home
T1021	None	Home Health Aide, home
T1030	None	Nursing Care, RN, home
T1031	None	Nursing Care, LPN, home

Currently, the Iowa Medicaid MCOs require a diagnosis code or an Occurrence Code present on our claim when billing Medicaid as Primary Payor when the Patient has Medicare but does not meet Homebound Criteria. Will this still be a requirement with EVV? If so, how will this be represented in CareBridge before the claim releases to the MCO Payor?
Please refer to Informational Letter 1711.

Are we required to put the required z code in the second diagnosis spot for members that are Medicare eligible but do not meet homebound criteria?
CareBridge supports claiming with up to 25 diagnosis codes.
- CareBridge users will need to add this to the authorization in CareBridge Provider Portal before being able to bill.
- Third-Party will need to send diagnosis code via EVV Visit Data File sent by the third-party vendor.

Providers that are Medicare and Medicaid certified there are different documentation standards. What are the expectations of data being integrated into the CareBridge platform?
CareBridge is being used as the vehicle for billing and meeting the expectations of the Cures Act.

How will it work when we are waiting for the MCO to authorize or re-authorize service? Currently with waiver services, if there is no authorization or if it is late, we cannot schedule services and it may be a week or two before authorization/case plan is uploaded and we continue to provide services.
For Home Health services, a specified number of visits will be part of a "no authorization workflow". This will allow functionality for members who may fall into this category. Iowa Total Care will not be passing prior auth information to CareBridge for non-waiver Home Health. The provider will provide and bill services in accordance to the same rules as they do now. Also, Home Health providers are not required to preschedule visits.

If Homecare nurses work an ESPDT 10- or 12-hour shift (which are billed in 15 minute increments for the day) and we move in and out of billing for non-billable therapy visits, etc. Will we submit the entire shift through CareBridge only showing the start of shift and end of shift? No break down of funding is necessary for EVV?
CareBridge will be the source of the claim generation so as a new HCPC is being used a new shift needs recorded. Provider will clock in and out each time an EVV required service is provided. In this example, multiple sign in/outs would be needed.

Is T1000 which is the HCPC for Private Duty Nursing with EPSDT required to follow EVV?
At this time T1000 for Private Duty Nursing, is not a code which requires EVV. There may be other codes under EPSDT subject to EVV so please follow the guidelines of codes requiring EVV and seek additional clarification from MCOs and CareBridge if there are further questions.

We use contracted therapists and bill for their services. We are thinking they will have their own EVV submission process and we will manually enter properly documented EVV therapy visits on our billing. Is that correct?
The provider billing for the HCPCs affected will need to clock in and out utilizing the approved EVV process.

CONSUMER CHOICE OPTION IMPLEMENTATION
When will Consumer Choices Option (CCO) begin EVV?
EVV for PCS was implemented on January 1, 2021. EVV for HHCS must be implemented by January 1, 2024.

Who is responsible to train CCO employees? Will Veridian be responsible for this?
CCO employees will use CareBridge EVV training. You can register
https://carebridgehealth.zendesk.com/hc/en-us/sections/360009652194-CCO-Caregivers.

Can CCO have an updated "training mode" so new employees can have a better understanding of the app?
All CareBridge users have access to the "training mode" in CareBridge Mobile Application, including CCO caregivers.

Are Independent Support Brokers (ISBs) going to have to use this system?
No, ISBs, by definition, are not considered direct care professionals. It is important for ISBs to be familiar with EVV to best support the member and caregiver through the process and we would encourage them to participate in the training.

Do CCO employees still submit paper timesheets? What if a CCO member has CDAC and SCL on their services, do they have to submit paper timesheets for SCL and then EVV for CDAC?
CCO employees that provide personal care may use EVV for personal care services in place of paper timesheets. For services that are not personal care services, CCO employees will use current service documentation methods. FFS CCO employees will continue to use paper timesheets for all services.

When there is an issue with billing, who is giving assistance to get issues corrected? Is it Veridian since the CCO/CDAC provider is considered an employee of Veridian?
CCO caregivers should contact Veridian Fiscal Solutions for payment issues. If the issue is technical in nature and related to how the mobile application functions, please contact CareBridge at: iaevv@carebridgehealth.com or (844) 343-3653.

Your FAQs directs live-in caregivers to block bills for all CDAC services they provide in a single day rather than breaking down every task. For CCO members who also receive non-EVV services, is this going to create the appearance that they are double billing for services and lead to denials or reductions in service?
Caregivers that live with the member can check in and out as the service occurs. However, if providing service intermittently throughout the day they also have the option to check in and out for the total authorized service time. Caregivers should follow all service rules and not bill for overlapping services. In this specific instance the caregiver may want to check in and out for each EVV service as it occurs.

Many members who have elected CCO have multiple authorized services. A single member might have ICDAC (which is now required to be billed through EVV) as well as Supported Community Living or Respite (which are not, apparently). It is

my understanding EVV is intended to replace paper record keeping for ICDAC. If so, are CCO caregivers who provide both ICDAC and SCL going to have bill through EVV for ICDAC, and bill the traditional way for SCL or other services? Will they have to maintain separate records for just non-EVV billed tasks? Does CareBridge or DHS have guidance for CCO members/caregivers in this situation on best practices to ensure timely payment?

CCO Caregivers that perform services for mandated EVV codes are required to use the EVV solution to check in and out for each of those mandated codes. The EVV solution maintains the service information and daily record. To ensure timely payment of EVV mandated codes, the CCO caregiver should check in as the service occurs, check out as the service ends, and complete the daily service within the EVV solution. Record keeping and billing for other services not required by the mandate will continue to be tracked and billed as they are today. For information on additional services that may be documented and billed through the EVV system, please contact your MCO.