Frequently Asked Questions

GENERAL QUESTIONS

Will both Managed Care Organizations (MCOs) be required to use the same EVV vendor that the state chose (CareBridge)?

Iowa Medicaid is not choosing a vendor. It is electing to use a Managed Care implementation model. Both MCOs will be using the same EVV vendor.

Why is the implementation beginning with Managed Care instead of Fee-For-Service (FFS), which has a smaller population and could be more easily troubleshooted?

Piloting for fee for service does not make sense when nearly all services are provided through managed care. That said, beginning with a small population is a best practice, which is why MCO project plans include a phased-in approach for EVV.

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.

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 Platform 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 Iowa Medicaid 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, which includes a phased-in implementation.

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.

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

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

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

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.

Will the MCOs be sending authorizations only via the CareBridge portal?
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 this existing process.

Will the MCOs be sending authorizations through this portal over us having to access them within the MCO portal?
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 this existing process.

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 Platform 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.

What services are required to use 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:

- S5125 ATTENDANT CARE SERVICES, PER 15 MINUTES
- S5130 HOMEMAKER NOS, PER 15 MINUTES
- S5131 HOMEMAKER NOS, PER DIEM
- T1019 PERSONAL CARE SERVICES, PER 15 MINUTES

Home Health services will be required by January 1, 2023.

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.

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.

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.

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.

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.

Have you considered a test system that providers can use for employee training?
CareBridge will offer 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. Users will be receiving training registration information after completing the provider survey.

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.

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.

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.

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.

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 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.

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.

Starting January 1, 2021, will EVV be the only way to bill the MCOs?
All claims for the EVV required service codes will need to be submitted through the CareBridge platform and claim responses will be made available to providers electronically through existing mechanisms (Availity) 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.

Do you expect double billing?
No, the EVV system will replace billing.

Are Assisted Living Facilities (ALFs) subject to EVV requirements?
EVV is optional for all personal care services provided by Assisted Living Facility (ALF) and Residential Care Facility (RCF) shift workers. ALF and RCF providers must complete an attestation identifying their exemption status with the Department by July 31, 2021, and annually via the provider self-assessment thereafter. Read Informational Letter 2239-MC for more details.

Will it be mandatory to bill through CareBridge? If so, how will disputes be handled for claim denials and/or partial payments?
The MCOs are requiring that all claims related to EVV service codes be either generated in the CareBridge platform or submitted through the CareBridge platform. Claim responses will be made available to providers electronically through existing mechanisms (Availity) as well as within the CareBridge Provider Portal.

Does Homemaker Services S5130 fall under the EVV implementation?
Yes, S5130 will require EVV.

What about live-in caregivers, are these families exempt from EVV?
Live-in caregivers will not be excluded from EVV. EVV is being implemented at the service code level.

What about FFS members?

EVV will not be implemented for FFS at this time. Providers serving FFS members will continue to submit claims as usual.

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.

Does this EVV implementation effect Home Delivered Meal providers in any way?
No, home-delivered meals do not require EVV at this time.

Will Community Support Services H0037 and H0037 TF have to utilize EVV?
No, H0037 and H0037 TF do not require EVV at this time.

How do we get a provider number to access the CareBridge platform?
Credentials will be sent to your designated administrator. Your administrator will then create credentials for the remainder of the team.

Do clients/guardians need to sign timesheets as well?
When the caregiver performs a service and the service is completed, the member attests that the service was completed in the CareBridge portal.

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.

Can CareBridge be used beyond the initial services? For example, use for all home health systems?
Currently, through Amerigroup, home health services are optional. Providers will still be required to complete documentation in the same way they are doing so today.

Does the January 1, 2021, implementation also include Private Duty Nursing Home Health Care Services?
The mandate for home health services is not until January 1, 2023.

Can providers use CareBridge for clients that pay privately?
CareBridge is an EVV service provided at no cost by the Iowa MCOs. Services that are not covered by Amerigroup or Iowa Total Care are not available at no cost to the provider at this time.

Is there a specific contact at CareBridge for providers to work with on a one-on-one basis for company specific questions?
Yes. iaevv@carebridgehealth.com or (844) 343-3653

Does the January 1, 2021, EVV requirement apply to respite and waiver services?
Yes, the mandate applies to waiver services (CDAC and Homemaker); respite services are Amerigroup optional service codes. Claims that are not submitted via the CareBridge EVV solution will continue to be accepted for services provided through January 31, 2021.

Are providers expected to download the CareBridge app on their personal cell phones?   Our agency does not provide cell phones to employees.
The CareBridge Mobile Application is 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 if using the mobile app is not an option. The CareBridge mobile application is the preferred method of checking in and checking out.

Will there be a phased in approach of denial codes to start with warning edits to make sure permanent denials don't start until the program can demonstrate that it works?
The MCOs will use warning edits first. On February 1, 2021, if claims are not submitted through CareBridge, claims will be denied.

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. Amerigroup and Iowa Total Care have selected CareBridge as the EVV vendor. Providers are free to use an alternate vendor, but that vendor must be 21st Century Cures Act compliant and must also aggregate with CareBridge for claim submission.

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.

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.

Do providers have to use the schedule function in CareBridge? Or can they still use their own scheduling system?

If you're opting to use the CareBridge platform rather than just the aggregation service with a CURES compliant third-party vendor, yes, you would be required to use the scheduling in CareBridge.

Are codes G0299 for skilled nursing visits and G0156 for home health aide visits required to use EVV?

Skilled Nursing Visits G0299 and Home Health Aide G0156 do not require EVV at this time.

When will providers get access to be able to look at the application, and begin training staff?

The system is currently available for provider agencies to access and use. To find out more information on completing the survey and registering for training please see the links provided. Complete the survey here. Register for training here.

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).

Where do I find our agency Provider ID?

The process for obtaining provider ID credentials is different per program.

For Provider Agencies: Your appointed admin is responsible for inputting.

For Individual CDAC: You will receive an email after you register for training with your provider credentials.

For CCO: Your Provider ID is 292

When is the billing training?

Billing is covered in Agency Training Module 4. You can register for training as well as review additional modules and the dates and time they are offered here.

Is piloting just for Consumer Choice Option (CCO) providers?

At this time both Agency and Individual CDAC have launched statewide, so the piloting phase has passed. Both Agency and Individual CDAC can begin using EVV at any time. EVV will be required for payment beginning January 1, 2021. The CCO launch occurs October 1, 2020, hence, piloting with this population now.

How many administrators can an agency have in the CareBridge application?

This is entirely up to the agency. CareBridge will acknowledge one appointment administrator.

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 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.

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 submit daily at 7 p.m. for the caregiver. The MCOs then process claims twice weekly. CCO caregivers will continue with their current process, which will not be impacted.

Some caregivers are threatening to quit if GPS is on their phone. There are concerns about a camera or video which would be a violation of privacy.

The CareBridge mobile application adheres with state level privacy and security measures. There is no way for the application to utilize your camera or video. To ensure your device is GPS enabled, navigate to your settings on your mobile device, select privacy (IOS) or location (Android) and enable GPS. For specific troubleshooting on your mobile device please contact your cellular carrier.

A signature at the end of a shift is an issue. One worker I have is generally doing dishes and laundry after I have laid down to take a nap. I am asleep when they finish. If the app allows for refusal of signature or not able to sign - will that raise flags in any way?

If, as a member, you are not able to sign at the time-of-service delivery, the caregiver can mark that you are unable to sign at the end of the shift. You can then access the CareBridge portal or IVR to sign off on the visits.

An ISB has been using the app in test mode and her biggest concern is how the goals are written by case managers. If the case managers are not informed ot trained on how their goals will be used within the app to be used correctly by the care worker, that may also cause problems with people getting paid on time.

The member or provider can contact the case manager about goals at any time. The ISBs will not be using the mobile application. Only the caregiver delivering the mandated EVV service.

Using EVV seems to assume that everyone has a landline and/or Internet access and that is not necessarily true for everyone. What is the work around if reporting is supposed to be done in real time?

The mobile application can be used to check in and out without Internet access. After leaving the member location, the information will be stored and forwarded when connectivity resumes. However, the app does have to be opened when Wi-Fi is available to send the check in/out. There are multiple places within communities that offer free Wi-Fi. If the caregiver does not have a smart device, they can use the IVR function. If the mobile application and IVR are unable to be used at the time of visit, a manual entry can be performed within the provider portal or the mobile application.

Concern with EVV system glitches and care workers getting paid as getting paid on time is already an issue.

The use of EVV can result in caregivers being paid more quickly.

How have Medicaid members been alerted about engagement opportunities?

A series of communications on EVV will be distributed to members by their associated MCO. Members will have the opportunity to attend training and access resources through CareBridge. For paper material requests or accessibility requests, please contact your MCO Provider Relations Team.

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.

What is a third-party vendor?

When referring to a "third party vendor" we are referencing any EVV vendor that agencies may be using that is not CareBridge.

Are the informational stakeholder meetings recorded so that I can rewatch them later?

Past presentations are not recorded but much of the information, and the slide decks, can be found here.

Is there a way to do an aide care plan in CareBridge and print it, or do we need to do it our facility computer system?

The care plan that you receive for each member from the MCOs has activities affiliated with it. Agency administrators will use that care plan to populate the EVV system member care plan with the appropriate activities associated with the member's care plan. These activities then appear on the mobile application where the caregiver can select which activities were performed during the visit.

If we bill in CareBridge for aide and homemaker and we bill out of our current software for nursing are the claims going to deny as duplicates?

All EVV required service codes must be billed through CareBridge EVV. All other services can continue to be billed through your current system. Nursing services are separate service codes from homemaker, as such they would not deny for duplicates.

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

Yes, if you are caring for a family member receiving required services provided by a MCO you are required to use EVV to record services beginning January 1, 2021.

What additional instructions do you have when putting in care plan duties? For example, some items on the CDAC agreement are done monthly (example N12, picking up prescriptions or N6, shopping). There is not a frequency for once or twice a month.

Care plans are auto populated for all CDAC services. You can select the activities that you provided during that visit and the others will not be collected.

Who is responsible to train CCO employees? Will Veridian be responsible for this?

CCO employees will use CareBridge EVV training. You can register here.

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.

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.

Is there a generation requirement on the Android and Apple devices?

The CareBridge mobile app requires the following operating system for each type of device:

- Apple IOS 8.0 or later
- Android operating system 5.0 or up

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?

FFS will not be implementing EVV currently. Therefore, all FFS visits will continue to be scheduled and billed through your current means.

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.

What if the ICDAC 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 or VFS. You can also use an existing email account of a family member or friend. An alternative to the online portal is the IVR solution, please go [here](#) for more information about using the IVR.

When will this be required for Home Health agencies that supervise CDAC providers?

Home Health agencies providing CDAC services will be required to submit through EVV starting January 1, 2021. FFS will not be implementing EVV at this time for any services. Home health services will be required to be submitted through EVV beginning in 2023.

What is CCO?

The Consumer Choices Option (CCO) is the HCBS Waiver self-direction program. More information is available here.

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?

FFS will not be implementing EVV at this time. 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.

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.

Would you consider an extension on the start deadline of this requirement? Public Health agencies are working on a pandemic and an extension would allow us more preparation time to set this up and start.

In December 2016, the 21st Century Cures Act was signed into law by Congress. This federal law requires EVV for personal care 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.**

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.

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.

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.

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 ICDAC and CCO caregivers must use the EVV system to check in and out for EVV required codes. There might 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. CDAC is billable in 15-minute units. For a unit of service that is seven minutes or less, round down to the nearest 15-minute unit. For a unit of service that is 8-14 minutes, round up to the nearest 15-minute unit. For example, 37 minutes would be rounded down to 30 minutes and billed as 2, 15-minute units. 38 minutes would be rounded up to 45 minutes and billed as 3, 15-minute units.

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 one shift segment, rather than many times throughout the day. 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 an ICDAC provider providing care for an adult [child]. He has Severe MR with legal guardians. He cannot sign, so how do I handle this? Also, does EVV mean I no

longer have to handwrite daily case note, and no longer have to FAX my billing monthly?

A member does not have to sign the attestation on the app. Instead, they can use the member portal or IVR to review and attest to shifts. Additionally, a person with Durable Power of Attorney (DPA) could assist the member in signing an X as the signature attestation on the app if the DPA witnessed the service being performed. Secondly, yes, the intent is that you will now use CareBridge EVV as your service documentation.

We started EVV [earlier this past year]. We had a member whose authorization was voided. It was determined that the individual was approved. For the first week we saw her three times, but we're not able to create the appointment.

You can create manual entries for the services that occurred in arrears.

Does code T1019 include modifier code U3?

T1019 is an EVV mandated code and includes all modifiers.

I have a landline; I have no cell phone. A cell phone number is required to register for the ICDAC Member EVV Portal Training, correct?

Please enter your landline number in this field. Your training link and registration confirmation will come to your email address.

What support is available before the implementation?

There are many support channels for you as you transition to EVV. The CareBridge EVV Service Center can be contacted via email, **iaevv@carebridgehealth.com, or by phone (844) 343-3653**. You can access training information [here](). Additionally, the MCOs are happy to answer program and compliance related inquiries.

Is there a test environment?

When you login to your Provider Portal you can toggle the 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**.

Is the member attestation the member response to the service provided?

The member attestation is the member's agreement that the services were received.

When will information and training for ICDAC providers be available?
You should have received a series of communications related to this transition. ICDAC training is available now. You can register [here](#).

Will daily service records still be required to keep on hand?
Iowa Medicaid has stated that if your EVV vendor captures the same fields electronically that are required in the Daily Service Record, you no longer must complete the Daily Service Records on paper. CareBridge EVV meets this criteria and this documentation can be exported to report any time.

If I am independent provider then I do not need an Agency, right?
Independent Service Providers are not required to be with an agency.

When you say the member must sign, do you mean the patient will need to sign, or the caregiver sign?
When CareBridge uses the term "member" that is the same as "patient". The member signature (or attestation) is the member's agreement that the services were received.

Am I correct to say no further documentation will be required as far as tenant response to service?
There is no change in documentation requirements.

How do providers retrieve documentation for services that are older than one, two, three or four years? Do they do so within the app?
CareBridge stores your data indefinitely on your behalf. Reports can be pulled to present this information from your Provider Portal.

Where do we go to get a free phone for our aides?

Individuals may qualify for free mobile phone service from the federal Lifeline Assistance program. If you qualify for the federal Lifeline Assistance program, you could get extra minutes if you have SafeLink as your Lifeline carrier.

You said the CareBridge app is secure. What data you are collecting other than the services rendered?
The 21st Century Cures Act mandates that the following data be collected during the visit: Type of service performed, the member receiving the service, the caregiver providing the service, the date of the service, the location of the service, the time the service begins, and the time the service ends.

How would EVV work if a CDAC provider accompanies a member on a vacation?
If the member's care plan states that this is allowed, EVV will work the same, just recording a different location. You will need to add secondary addresses to capture the vacation service locations for check-in and check-out.

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?
The services performed within CareBridge EVV will be submitted for ICDAC caregivers on a weekly basis (Sunday evening). All other services performed will continue to be billed in the way they are today.

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.

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

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.

Can we still send in a paper claim at the end of December for December services? And then start using EVV in January 2021?

That is correct. Please note: Claims that are not submitted via the CareBridge EVV solution will continue to be accepted for services provided through January 31, 2021.

My contract has differing times for completion of sub duties. Will the plan show this?

You will have the ability to choose an authorized activity within the member's care plan and subsequently add sub-duties within the "notes" section.

Where can I find the CareBridge FAQ page?

You can find the CareBridge FAQ page here.

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**.

If the provider does not have a compatible cell phone to use to log in and out and the member does, could the provider use the member's cell phone to download the app to check in and out when providing services?

Yes. Caregivers can use the mobile application downloaded on any compatible mobile device that is location enabled. Each caregiver has their own unique log in credentials for safety and security.

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.

The CDAC services for our ALF's 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 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 should occur infrequently.

Is the landline option (IVR) a 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.

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.

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.

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.

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.

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.

How will these 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 (i.e.: travel, meal prep, dressing) that are performed during a visit are used for auditing and documentation purposes ensuring alignment with the member's 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. The CareBridge platform is configured to align with the Iowa Administrative Code's Rounding Rules.

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 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.

You said, that if we do repetitive tasks, a CDAC 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.

I sometimes receive services from two providers at the same time. How do I ensure that both providers are paid?

Contact your community-based case manager to learn about your MCO's exception process.

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.