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Our Webinar Will Begin Shortly



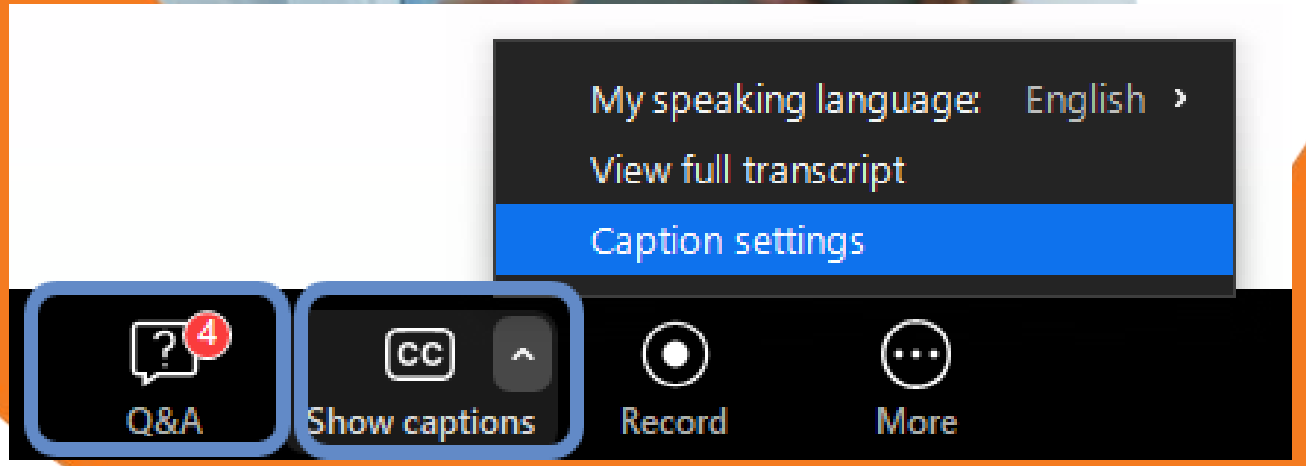
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Alternate EVV Claims Validation Review

Date: 10/27/2026

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Welcome and Live Event Guidelines

- This presentation will review important Alternate Electronic Visit Verification (EVV) Vendor and Provider information to ensure successful claims processing with the Nevada Health Authority (NVHA).
- Intended audience: Alternate EVV vendors and their providers.
- During this live event, please remember to post presentation-specific questions using the Questions and Answers feature.

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speakers



Jennifer O’Neill

Payer Program Manager

agenda

- EVV Background
- Claim Validation
- Rejection Reports
- Why Didn’t My Claim Match a Visit?
- Key Takeaways
- Helpful Resources
- Q & A

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EVV Background

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Electronic Visit Verification (EVV) Overview

- The 21st Century Cures Act requires providers to use the Electronic Visit Verification (EVV) for Medicaid-paid personal care and home health services.
- Caregivers working for an agency need to record their visits to the client's home electronically to confirm services are provided on time, by the right provider, and for the right amount of time.
- EVV allows the provider to capture the required data elements and submit them for claims processing.

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Provider Types Affected

- **PT29:** Home Health Care Services
- **PT30 & 83:** Personal Care Services
- **PT48 & 58:** Attendant Care, Homemaker, Chore, Respite Services and Companion Care

NOTE: this list is subject to change based on state program updates so make sure to bookmark and review **NVHA Web Announcements** regularly as well as the **NVHA EVV Webpage**.

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Six Elements of a Cures Compliant Visit



Who

Patient



Who

Caregiver



What

Type of Service



Where

Location of Service



When

Date of Service

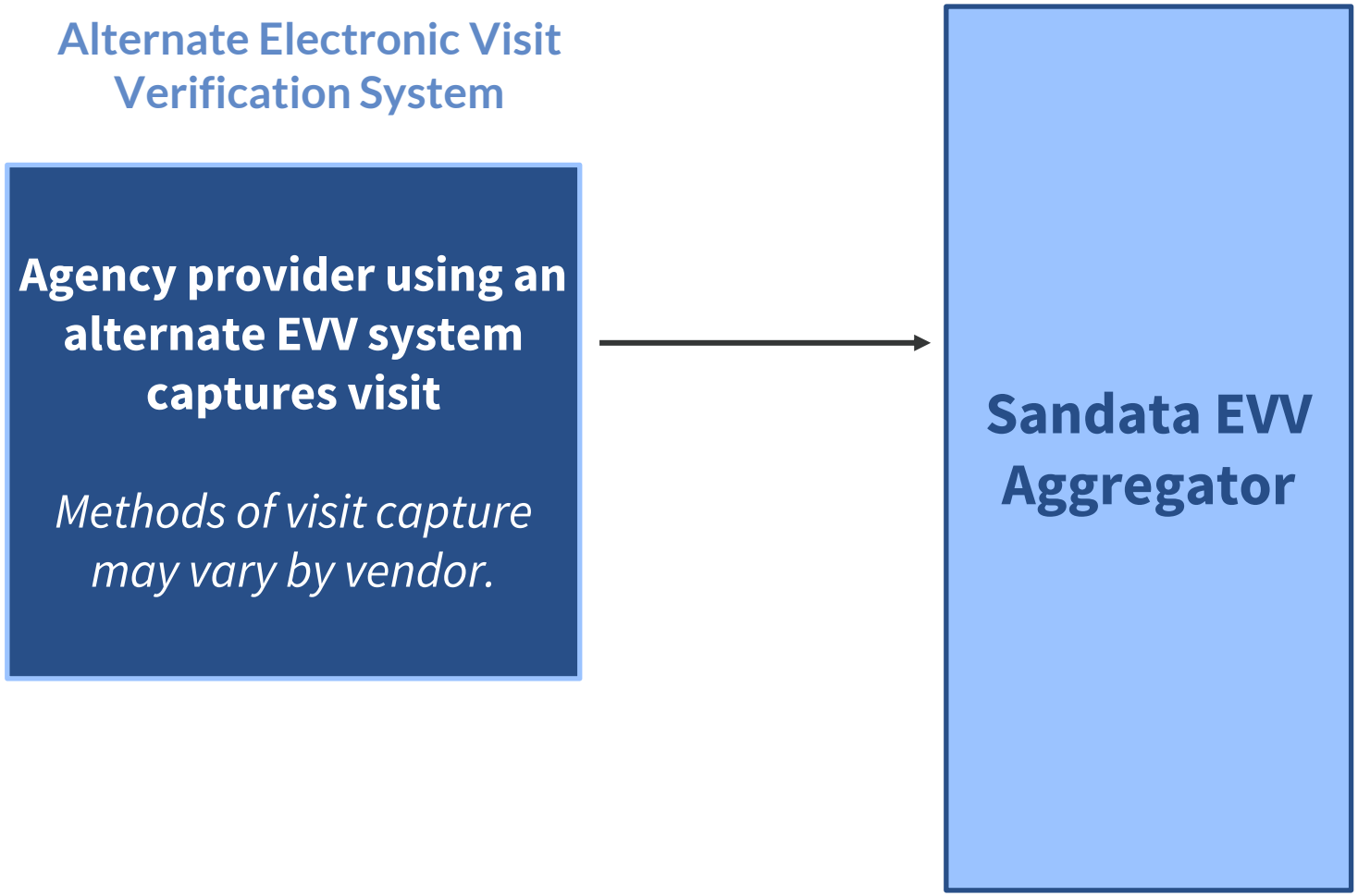


When

Time of Service

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Alternate Electronic Visit Verification Integration



- Provider data is sent via an integration from Alternate EVV vendors to Sandata Technologies.
- Nevada Alternate EVV vendors are required to send EVV data to the Sandata Aggregator to remain compliant.
- Nevada technical specification documents can be found on the Sandata Knowledge Base.

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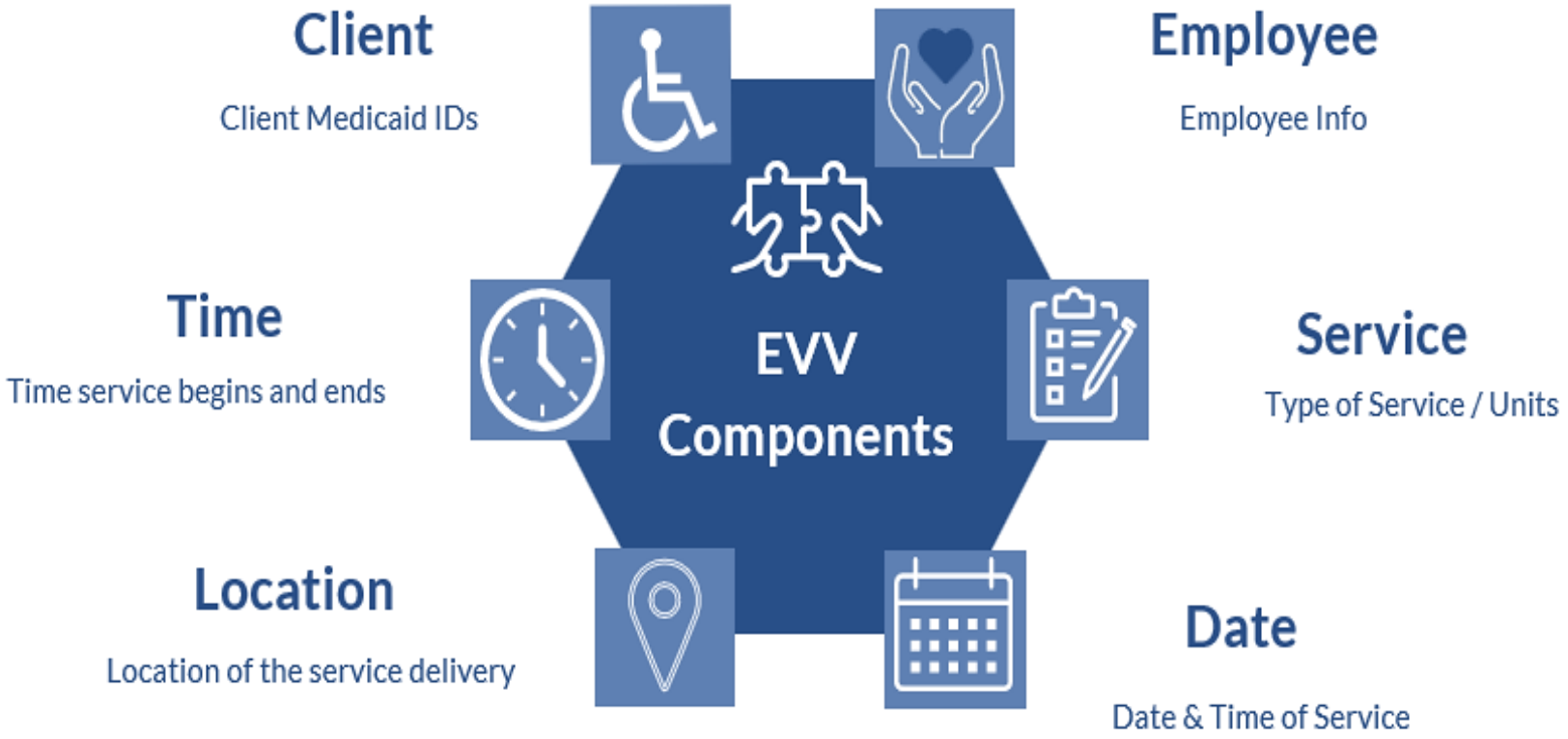
Claims Validation

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What about Claims Validation?

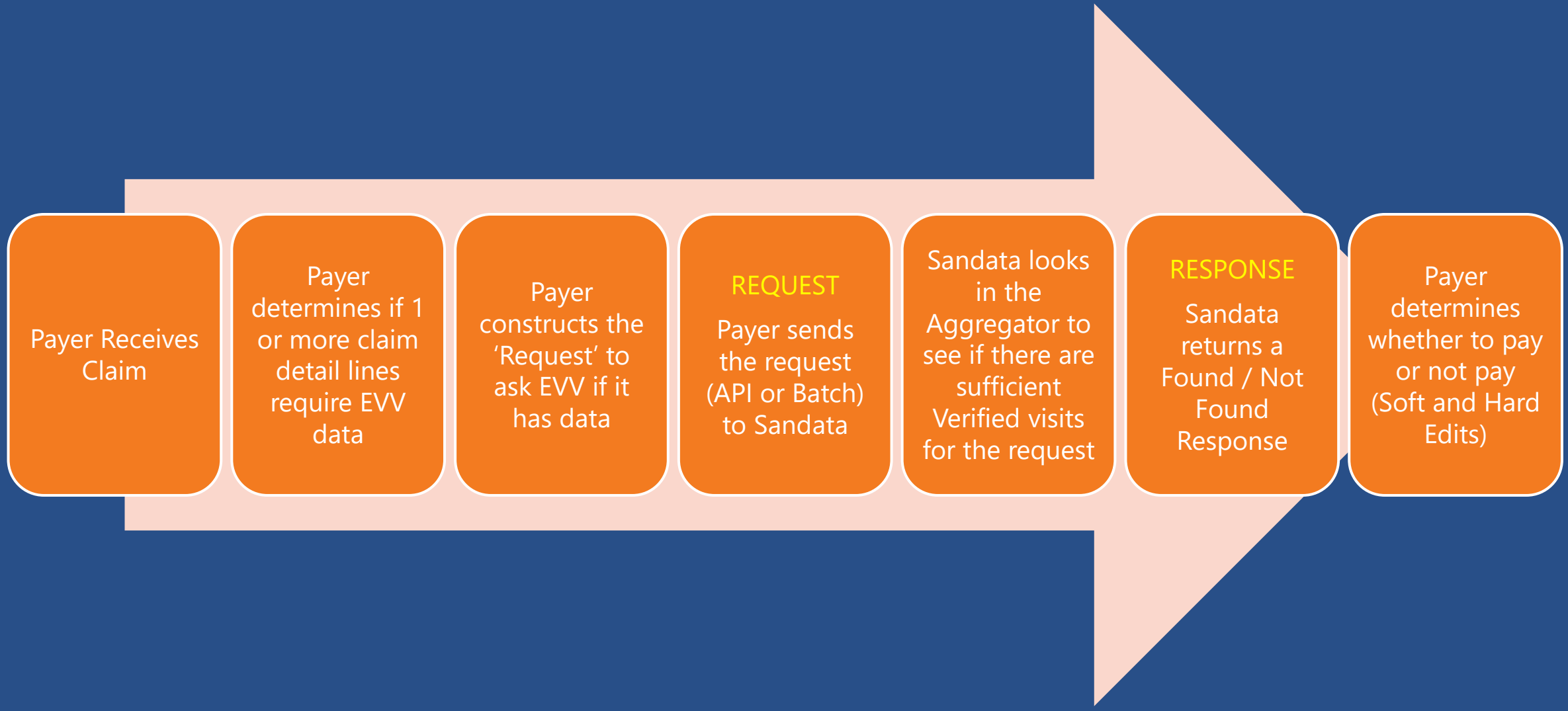
Claims Validation introduces additional edits to claims processing:

- Does the client billed match the visit in EVV?
- Does the service billed match the visit in EVV?
- Do the units billed equal to or less than the units verified in EVV?
- Does the billed visit match the date of service in EVV?



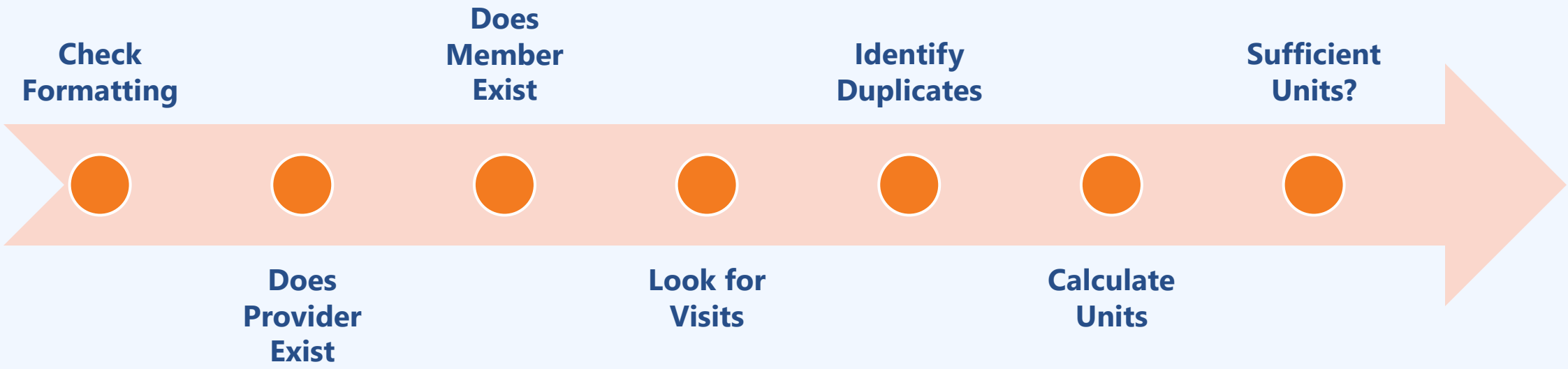
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The Claims Validation Process



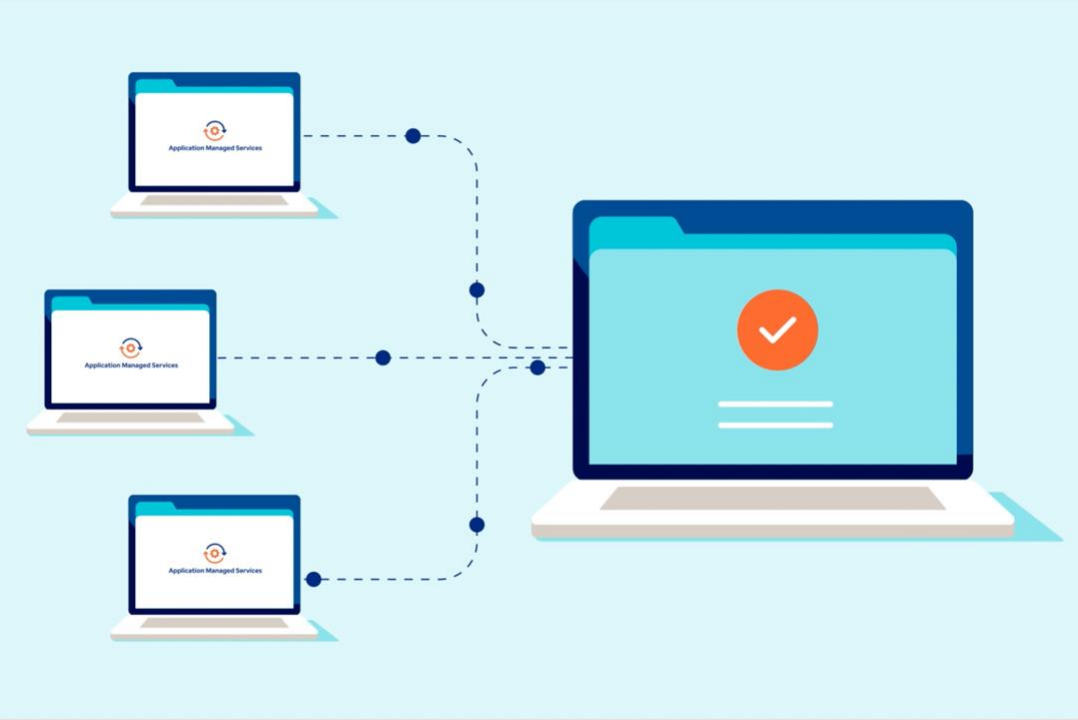
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The Claims Validation Review



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Soft Edits vs. Hard Edits (Relative to EVV)



- When the Payer receives the found/not found response, it is up to their system(s) to determine whether to use the information as advisory (soft edit) or to deny payment (hard edit).
- Currently all Payers are in a Soft Edit phase regarding claims validation.
- The PAYER controls whether to pay, not HHA, Sandata or Claims Validation.
- **Effective February 1, 2027,** claims that do not match verified visit data in an electronic visit verification (EVV) system, including Alternative EVV systems, will deny claims

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Gainwell Hard Edits

Claims that do not match verified visit data in an electronic visit verification (EVV) system, including Alternative EVV systems, will deny with the following error codes, as appropriate:

- 3802 - EVV/Unmatched Units
- 3806 – EVV/Unmatched Visit
- 3807 - EVV/Provider ID Does Not Match
- 3808 - EVV/Member ID Does Not Match
- 3809 - EVV/Procedure Code or DOS Does Not Match
- 3810 - EVV/Duplicate Visits Found

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Molina Hard Edits

RARC	Description
N818	Claims dates of service do not match electronic visit verification system
N819	Patient not enrolled in electronic visit verification system
N820	Electronic visit verification system units do not meet requirements of visit
N821	Electronic visit verification system visit not found
N824	Electronic visit verification (EVV) data must be submitted through EVV vendor

CARC	Description
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information
95	Plan procedures not followed.

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Anthem Hard Edits

Reason	Meaning
Invalid/Missing EVV transaction	Invalid or missing Electronic Visit Verification (EVV) transaction
Provider ID does not match.	Mismatch between the submitted provider information and the provider information stored in our system
Recipient ID does not match.	Patient not enrolled in EVV system.
Procedure code does not match.	Procedure code billed is not correct/valid for the services billed or the date of service billed
Unmatched units.	Electronic Visit Verification System units do not meet requirements of visit
Duplicate Found	Definite duplicate record

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Silver Summit Hard Edits

- Providers will see CSC 65 and CSCC F1 which is a paid claim as well as CARC 45
- If you are looking at your EOP you could see a message of Exa8 which means a denial is applied as it was not verified through Electronic Visit Verification (EVV)

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Claims Validation Reports

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Claims Rejections by Visit Date – Max 31 Days

What Does This Report Show?

- This report helps you to identify claims that were rejected because they could not be matched to an Electronic Visit Verification (EVV) Visit
- It displays claims based on the visits date of service, allowing you to review rejected claims for visits that occurred during a selected date range of up to 31 days.

When Should I Use This Report?

- Review rejected claims for services provided during a specific date range.
- Investigate why a claim did not match to an EVV visit.
- Identify claim or visit information that needs to be corrected.
- Verify that visits were recorded and verified before claims were submitted.

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Example Report

Report Parameters

Account:
For: 6/22/2026 - 6/22/2026 11:59:59 PM

Claims Rejections By Visit Date - Max 31 Days

Account:
Provider:

Error Message: Duplicate Found **Total:** 2622

RECEIVED	BATCH ID	TRANS ID	INVOICE CONTROL NO	LINE NO	CLIENT ID	VISIT RANGE	PAYER	PROGRAM	SERVICE	BILL UNITS	PROVIDER MEDICAID ID	CLIENT MEDICAID ID	CLIENT NAME	UNITS FOUND	VISITS	ERROR REASON
7/8/2026 3:00:22 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3647185266	Duplicate Found
7/8/2026 3:00:22 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3650238264	Duplicate Found
7/8/2026 4:00:25 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3647185266	Duplicate Found
7/8/2026 4:00:25 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3650238264	Duplicate Found
7/8/2026 5:00:33 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3647185266	Duplicate Found
7/8/2026 5:00:33 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3650238264	Duplicate Found
7/8/2026 6:00:32 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3647185266	Duplicate Found
7/8/2026 6:00:32 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3650238264	Duplicate Found
7/8/2026 7:01:04 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3647185266	Duplicate Found
7/8/2026 7:01:04 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3650238264	Duplicate Found
7/8/2026 8:00:24 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3647185266	Duplicate Found
7/8/2026 8:00:24 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3650238264	Duplicate Found
7/8/2026 9:00:31 AM				01		06/22/2026 06/22/2026	NVSIL	HH	S9124	9				9	3647185266	Duplicate Found

Why Didn’t My Claim Match a Visit?

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Check Visit Status

Possible Cause:

- Visit was sent to the Sandata Aggregator AFTER claim was billed
- Visit was not showing in a verified status before billing was completed
  - Incomplete or Omit status visits cannot be matched
- Visit is duplicated and showing more than one instance in EVV when billing was completed.
- The Medicaid ID I am using is incorrect

Make Sure to Check:

- The visit is in verified status before billing is completed.
- All required visit information has been entered on the visit.
- All exceptions have been resolved before billing is submitted.
- There are no duplicate visits.
  - Same Date of Service (DoS)
  - Same Client
  - Same Clock In/Out

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Service Codes Don’t Match

Possible Cause:

- The procedure code on the claim does not match the procedure code on the verified EVV visit.
- The visit was modified after billing was completed.

Check the Following:

- The procedure code on the claims matches the Payer, program and service code on the Verified EVV visit.
- Any required procedure code modifiers also match if applicable.

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Billed Units Don’t Match

Possible Cause:

- Billing for more units than verified on your EVV visit.
- Modifying a verified visit after billing is completed.

Make Sure to Check:

- The number of billed units should be equal to or less than the units verified on your EVV visit.
- No modifications were made to the visit after billing was completed.

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Review These Items for Rejected Claims

Provider ID - Does the Provider ID on the claim match the Provider ID in Sandata?

Client ID - Does the claim match the correct client?

Visit Date - Does the service date on the claim match the visit date?

Payer ID - Does the payer match on both the claim and the visit?

Procedure Code - Does the procedure code match? Some states require modifiers to match exactly. Follow your state's requirements.

Units - Are the billed units equal to or less than the verified visit units? Follow your state's unit rounding requirements.

Submission Timing - Was the visit entered and verified in Sandata before the claim was submitted?

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Key Takeaways

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Key Takeaways

After today's session providers should be able to…

- Understand the claims validation process
- Know where in Aggregator to review rejected claims
- Understand updates that may need to be made to rejected claims
- Run rejection reports for claim validation
- Access the Sandata Knowledge Base documentation

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Helpful Resources

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Sandata Resources & Contact Information

Online Documentation:

1. Sandata Aggregator Billing Reports
2. Sandata Knowledge Base
3. Sandata Aggregator Documentation
4. Sandata Aggregator Visit Review

Sandata/HHA Contact Information:

- **Phone:** 833-545-0395
- **Email:** NVAltEVV@sandata.com

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NVHA Program Contact Information

- NVHA EVV Homepage: https://dhcfp.nv.gov/EVV-PCA/
- NVHA Medicaid Web Announcements: https://www.medicaid.nv.gov/home
- NVEVV Inbox: NVEVV@nvha.nv.gov
- PCS Inbox: pcsprogram@nvha.nv.gov
- Home Health Inbox: ltss@nvha.nv.gov
- Waiver Inbox: hcbs@nvha.nv.gov

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Q & A

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thank you

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