

# NC Medicaid Long Term Services and Supports

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## Transitions of Care and Electronic Visit Verification

June 5, 2025



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits



# Transitions of Care

## Renee Stapleton, LTSS Service Operations Manager



# Transition of Care Agenda

- **Overview**
- **Best Practices**
  - **Things to Know**
  - **Stay Informed**

# Transition of Care Overview

**Transitions of Care intends to maintain continuity of care for each beneficiary and minimize the burden on providers as beneficiaries move between delivery systems, including between health plans and NC Medicaid Direct.**

- Transitions of Care is guided by NC Medicaid policy, protocols and guidance documents.
  - Health plans also have established Transitions of Care policies, processes and procedures to support beneficiaries transitioning between health plans or between delivery systems.
- To support continuity of care, health plans and NC Medicaid transfer appropriate Transitions of Care data files and beneficiary-specific, socio-clinical information to include:
  - Beneficiary's claims/encounter history
  - Prior authorization data
  - A warm handoff is initiated for high-needs members to support effective knowledge transfer
- TOC states the receiving plan shall allow a beneficiary to complete an existing authorization period established by their previous health plan, Local Management Entity/Managed Care Organization (LME/MCO) or NC Medicaid Direct



# Transition of Care Best Practices – Things to Know

- **Know Where the Beneficiary is Enrolled**

- Check NCTracks — Providers can verify eligibility and managed care enrollment through the NCTracks Recipient Eligibility Verification function available in the NCTracks Provider Portal.
- Contact a managed care health plan
  - [Contacts and links | NC Medicaid Managed Care](#)

- **Know How to Receive Assistance**

- Managed Care Provider Ombudsman  
[Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov) or 1-866-304-7062
- Emails to this email address automatically create a case.
  - Avoid emailing this email address if a case is already created
- Provide specific information on the issue
- Common Transition of Care Ticket Issues:
  - Prior approval is not available in receiving system or not available for the correct dates
  - Retroactive disenrollment greater than a year requiring a time limit override
  - Dually eligible beneficiary still enrolled in managed care
  - Beneficiary in a nursing facility longer than 90 consecutive days and still in managed care

**Request for assistance email to the Provider Ombudsman should include the following info:**

- Subject: Retro Disenrollment Claims Issue
- Provider Name and National Provider Identifier
- Previous Health Plan Name
- Medicaid identification (MID) and Name
- Service Provided
- Dates of Service
- If the service provided is a nursing facility, include admission and discharge dates and dates for any hospital stays
- Detail of issue



# Transitions of Care Best Practices – Stay Informed

- Update the Authorized Individual/Contact Person email and phone in NCTracks and check that email inbox regularly.
  - If there is a need to communicate to an agency, the NCTracks information is used.
    - NCLIFTSS sends a notification email to the LTSS agency providing LTSS services in managed care when the member disenrolls to Medicaid Direct.
- Monitor your Service Now Tickets
  - Log your tickets by COM# and beneficiary name for ease of reference
  - Respond timely to emails with a subject “*Your Help Center Inquiry has been Updated*” to reply to questions or update the ticket
  - Be proactive
- Review NC Medicaid Bulletins
  - [Update: Retroactive Disenrollment from NC Medicaid Managed Care | NC Medicaid](#)
  - [Processing Claims Affected by Medicare Retroactive Enrollment | NC Medicaid](#)
  - [Important Update on Retro-Enrollment Changes and Impact on Claims](#)
  - [Managed Care Electronic Visit Verification Home Health Implementation Hard Launch Effective Oct. 1, 2025](#)



# **Electronic Visit Verification**

## **Dr. Antoinette Allen-Pearson, EVV Coordinator**



## What is Electronic Visit Verification (EVV) and why does it matter?

- **EVV authority and purpose**
  - **EVV process sequence example**
- **Monitoring, education and overcoming challenges**
- **Common manual edits causes**



# Electronic Visit Verification Authority and Purpose

The 21st Century Cures Act is a federal requirement that requires all states to use EVV for Medicaid or risk a loss of federal Medicaid matching dollars.

- Programs subject to the EVV requirement include:
  - Personal care services (PCS) required effective Jan. 1, 2021
    - NC Medicaid in-home Personal Care (PCS)
    - Community Alternatives Program for Children (CAP/C)
    - Community Alternatives Program for Adults (CAP/DA)
    - Self-directed personal attendant care services
    - Innovations Waiver
    - TBI Waiver
    - PCS provided under the 1115 Managed Care Demonstration Waiver.
  - Home health services required effective Jan. 1, 2023
    - Home services are provided under the 1115 Managed Care Demonstration Waiver.



# Electronic Visit Verification Authority and Purpose

- EVV is a method to verify services delivered as part of home and community-based service programs.
- The purpose of EVV is to track and monitor timely service delivery and help to ensure access to care for Medicaid beneficiaries.

# EVV Process Sequence Example

1. Schedule is created
2. Caregiver Arrives in Home or Community
3. Caregiver uses mobile application, telephony or fixed visit verification to check in
4. Caregiver provides service
5. Caregiver uses mobile application or telephony to check out
6. If corrections are needed, provider agency makes any corrections through the web portal to the EVV data. It is a best practice to document exception reasons when making corrections to EVV data
7. Data is submitted
8. Standard claim or encounter billing

# Focus on Monitoring and Education / Manual or Modified Visits

Agencies with high percentages of manual edits attend targeted office hour sessions.

- Assigned an analyst to monitor and assist the agency to improve automatic data capture
- Intent to share how to effectively capture visit data electronically without entering or updating the data and what to do if a manual adjustment is needed.
  - Results 75% providers who received the training, modified their processes, and the manually adjusted visits were reduced.
- Other agencies avoided the office hours sessions or attended but there was no improvement.
  - These agencies receive additional scrutiny, are on the provider risk list and some have been turned over to the Office of Compliance and Program Integrity (OCPI) for investigation.

## Manual entries and adjustments should be:

- Rare and comprise fewer than 15% of visits
- Documented to include reason why visit capture was not possible or an adjustment was needed and include supporting evidence when possible.

# Common Manual Edits Causes

- The purpose of EVV is a method to electronically verify services delivered as part of home and community-based service programs. Manually entering or modifying visits is outside the intended purpose of EVV.
- The following are some actions that cause the visit to be considered manually edited:
  - Entering visits without the use of an electronic device and manually entered after the time of service
  - Making corrections to the visit record that include changing the check-in and/or check-out times, or changing the date that the visit occurred
  - Failure to create a schedule prior to the start of a visit
  - Manually adding tasks prior to the start of a visit
  - Caregivers using telephony with a phone not registered to the beneficiary's record.

# Overcoming Challenges To Achieve Full Compliance

- **Resistance to Change**

- Encourage open communication
- Focus on the advantages of EVV that include decreased paperwork and greater accuracy which also streamlines operations
- The state offers support to stakeholders in decision making and help to resolve issues they may have

- **Technical Difficulties and Compatibility Issues**

- Staff and caregivers should ensure that electronic devices are compatible with the solution's software
- Communicate with the EVV solution to address any technical concerns to promote a seamless data collection process that works with your existing system.

# Overcoming Challenges To Achieve Full Compliance

- **Caregiver and Personnel Training**

- Develop business practices that support ongoing training for caregivers to ensure appropriate training of caregivers and personnel on how to use EVV data collection systems due to the unfamiliarity with technology for some caregivers.
- Provider agencies must ensure staff are trained on use of the EVV system selected and maintain written documentation of initial and at least annual staff training in each employee's file.
- Best practice is for organizations to identify the training needs of their caregivers and provide training documents, hands-on practice and continued assistance to develop strategies to enhance the utilization of electronic visit collection.
  - This provides adequate opportunities for caregivers and other staff to ask questions and seek guidance that will allow training to be tailored to meet different learning styles.
- Training should be focused on consistent and proper use of Mobile Visit Verification, telephony and Fixed Visit Verification



# Overcoming Challenges To Achieve Full Compliance

- **Continuous Improvement**

- Evaluate how well training is working by receiving comments from caregivers and staff.
- It is best practice to set up support systems where caregivers and staff can get help to fix any problems.
- Check on the effectiveness of the training and support by continuing to make necessary changes contingent on caregiver/staff feedback.
- Monitoring should be completed regularly by checking how accurate claims are and the alignment of scheduled visits and actual check-in and check-out visits that are captured electronically.



# **Electronic Visit Verification**

## **Tara Larson and Avi Madsen, Compliance**



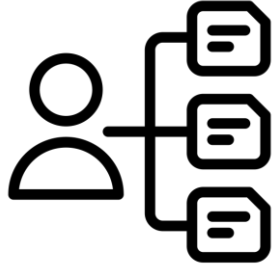
## EVV Data Analytics tells a story

- **Centers for Medicare & Medicaid Services (CMS) expected outcomes**
- **What the data shows**
- **Best practices and next steps**
- **Feedback and questions**

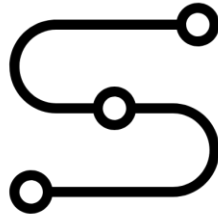
# Centers for Medicare and Medicaid Services EVV Outcomes

- With the EVV Solution, NC Medicaid intends to meet the CMS stated goals related to EVV implementation and associated outcomes.
  - The EVV system shall provide an enhanced ability for NC Medicaid to prevent fraud, waste and abuse by providing increased visibility into NC Medicaid Home and Community-Based Services programs.
  - The EVV solution shall be reliable, accessible and minimally burdensome on providers, beneficiaries and their caregivers.
  - The EVV solution shall provide appropriate safeguards of electronic protected health information and personally identifiable information are implemented and maintained.

# How does EVV help with Program Integrity?



1. Creates the ability to understand behavior of individual service providers for increased visibility, auditing and quality assurance



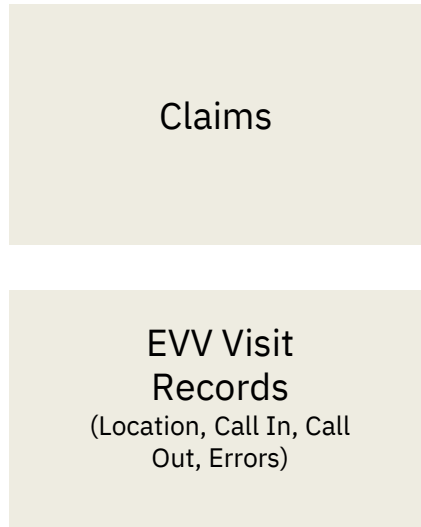
2. Adds validation ability on track time and location of services



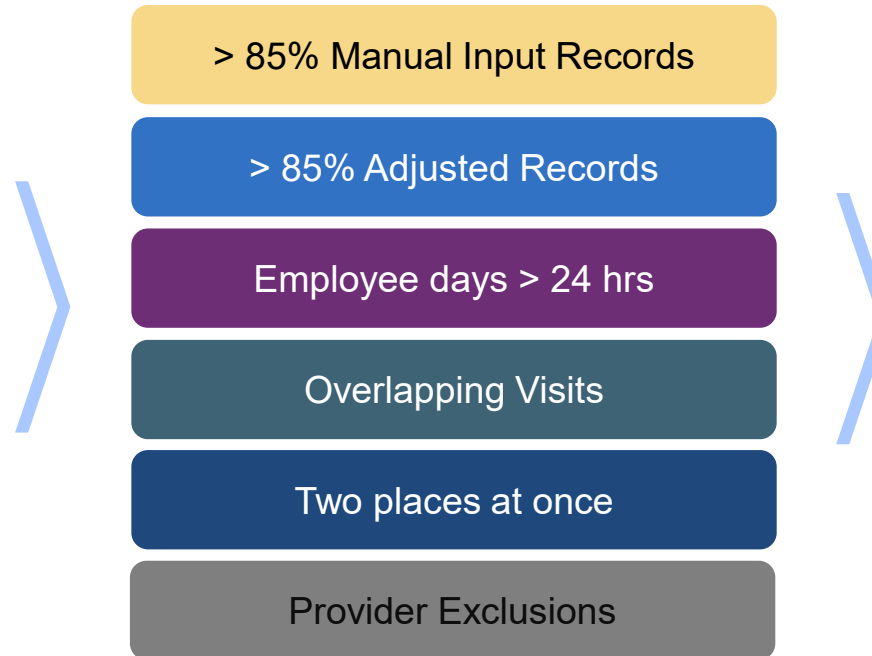
3. Uses the detailed information to identify areas of non-compliance and education needs

# Approach to Claims and EVV Record Monitoring

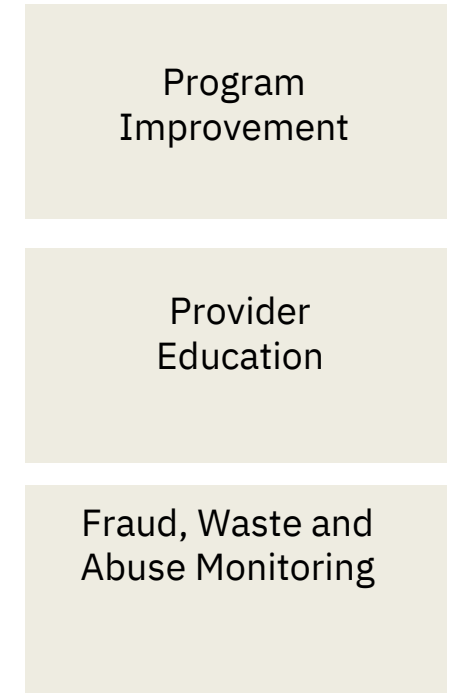
## Datasets Monitored



## Created Analytics



## Applications of Monitoring



# Current Metrics

## High Manual Input Records

57%

Providers with at least one  
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Providers with at least one employee with a day over 24 hours



1539 NPIs Monitored from  
September 2024 – March 2025

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Providers with at least one employee with an overlapping visit > 1 mile apart



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## Provider Exclusions

0%

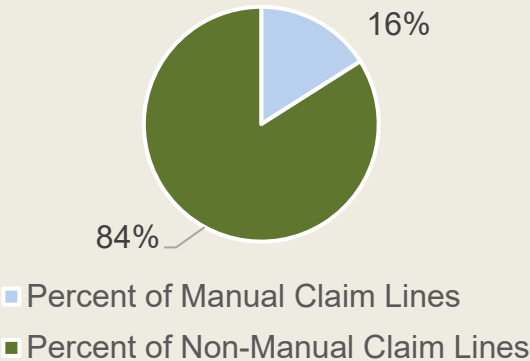
Providers with at least one associated provider or employee on the exclusion list



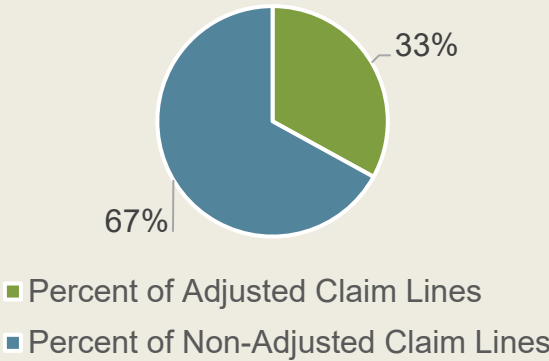
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# Peer into the Data: Provider

## High Manual Input Records



## Low Adjusted Records



## High # Overlapping Visits

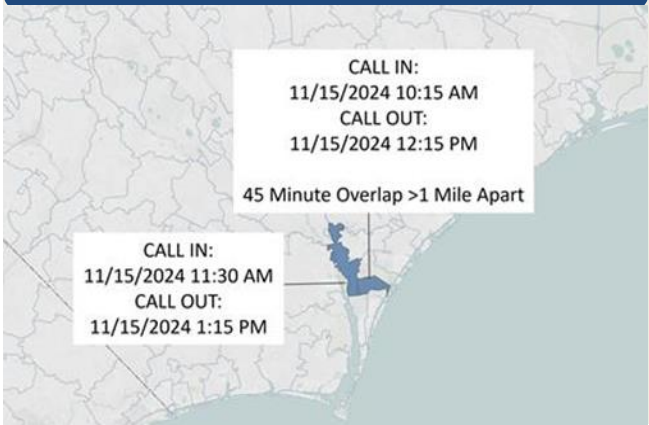
**16**  
Employee IDs with at Least Two Overlapping Visits

**34**  
Overlapping Visits for the Employee ID with the Most Overlapping Visits

## High # of Days over 24 Hours

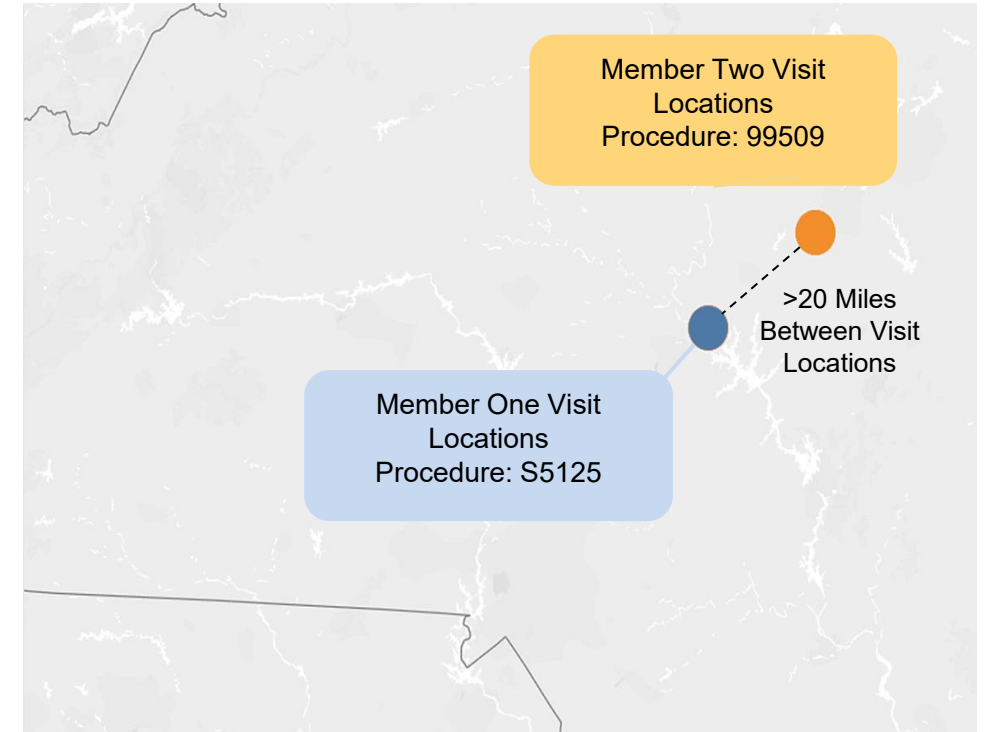
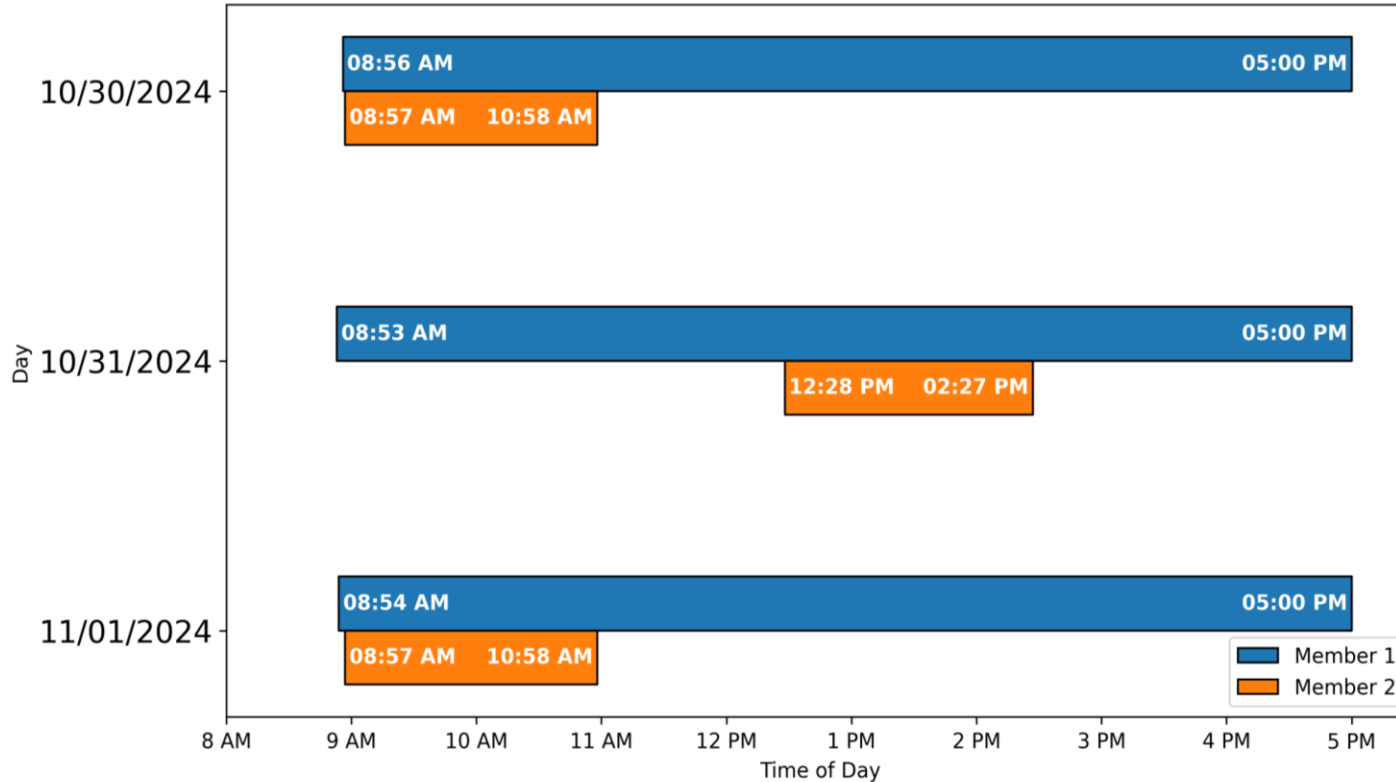
<b>8</b> Employees IDs Billing >24 Hours in a Day	<b>769.48</b> Hours Billed on Days with >24 Hours
<b>52%</b> of Members Billed on Days with >24 Hours	<b>19</b> Days with >24 Hours Billed
<b>12%</b> of Days an Employee Billed >24 Hours	

## Multiple Instances of Two Places at Once



# Peer into the Data: Employee

## Employee EVV Visits (8 a.m. – 5:30 p.m.) With >20 Miles Between Visits



# Next best action if you see a pattern

If you have an employee with **> 85% Manual Input Records**, train employees on scheduling and visit recording tools

**> 85% Adjusted Records**

If you have an employee with **Employees with days over 24 hours**, train employees on appropriate clock in and out requirements

**Overlapping Visits**

If you have an employee with **Two Places at Once**, inquire about the behavior and review documentation



# Staying off the lists – best practices

## NC Medicaid Resources & Office Hours

### Provider Meetings and Trainings

Visit this page frequently for newly-added learning opportunities.

### Training Information for NCDHHS Electronic Visit Verification (EVV) Program

- [Sandata EVV Provider Agency Training – Video Library](#)


#### Stakeholder Meetings

#### Q&As and Terms and Acronyms

#### Contact Information


#### Medicaid Bulletin Updates

#### Archived Files






NC DEPARTMENT OF  
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NC-DHHS Provider Agency Training

 Play

▼ LIVE (RECORDED) WEBINARS

-  56 MIN  
NC EVV System Overview
-  54 MIN  
NC Visit Capture
-  1 HR 15 MIN  
NC Visit Maintenance

## Proactive internal training

- EVV purpose
- EVV tools
- Expectations for visit planning and logging accuracy

## Review your organizations data

The Sandata EVV system allows provider access to their data, or you can request your data from your EVV vendor

## Maintain an internal Compliance Program

- Training and education
- Open lines of communication
- Written policies and procedures
- Monitoring and corrective actions

### Q. Does Sandata export the EVV-collected data to providers?

A. The Sandata EVV system offers the provider agency a suite of different reports to view and export the EVV data for the provider. These reports are parameterized, allowing the provider agency staff to select specific timeframes and other options to report on different aspects of their EVV activity. All of these reports are available to export in a variety of different formats, including text-based, comma-separated value lists, as Microsoft Excel spreadsheets or multiple other options.

# NC Medicaid Long Term Services and Supports

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## Give us feedback!

- ☐ Did the EVV data results surprise you?
- ☐ Is the way the Department is using the data matching your expectations?
- ☐ What would you like to learn more about?
- ☐ Time for Q&A



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