Quick Reference Guide (QRG)

Provider Self-Registration Portal Process

To register in the Provider Self-Registration Portal as a CalEVV Provider:

1. To access the Provider Self-Registration Portal click here, [Self-Registration Portal](#).
2. Enter your Provider Agency Name in the required field.

NOTE: Only **one** representative should register on behalf of the provider agency.

California Electronic Visit Verification - CalEVV Provider Self-Registration Form

This CalEVV self-registration form must be completed by California providers who are required to comply with the 21st Century Cures Act. If you are a provider of personal care services (PCS) or home health care services (HHCS) for programs and services listed on the *Provider Types and Codes* document located on the Department of Health Care Services EVV website, you are required to self-register.

The information gathered on this form is required for CalEVV implementation and to create your CalEVV account. This includes how you intend to collect your EVV visit data, using the state supplied EVV system (known as CalEVV) or an alternate EVV system of your choosing that meets state requirements.

Please note that you will not be able to save the form unless all required fields are completed. Additional information about each field on the form is available in the Help section on the navigation pane to the left.

Basic Information

PROVIDER AGENCY NAME *

3. Click **ADD** to add your Provider Identifier(s).

Provider Identifiers

The Provider Identifiers section of this form will collect all your unique identifiers for each California Department. For more information on provider identifiers, please visit the Help Page. You are required to enter at least one identifier. Please provide identifiers for each contracted service you provide. If there are more than one associated with the provider, please repeat this process by selecting the 'ADD' button until all the departments, jurisdictional entities, and provider identifiers you have that are subject to EVV are listed. Providers can add multiple entries and have an ability to add/edit provider identifier(s) once you have access to your account.

Department	Jurisdictional Entity / Jurisdiction	Identifier Type	Identifier	ADD

NOTE: DHCS Fee For Service (FFS) providers and Individual Nurse Providers (INP) (who do not associate with HCBA waiver and/or CCS program) will register under DHCS via MCP as their Department, DHCS as their Jurisdictional Entity/Jurisdiction, and add their NPI number used for billing.

- You must add at least one Provider Identifier. A provider identifier is used when you bill for services. It is generally how the state or a Jurisdictional Entity (JE) recognizes you. (A JE is a county, waiver agency, regional center, MCP, etc.) Please provide **all possible** identifiers for each contracted service you provide.
    a. **DHCS, CDPH,** and **CDA** require a National Provider Identifier (NPI). Providers are required to enter their billing NPI. For CDA/CDPH, if you do not have an NPI, enter the Employer Identification Number (EIN).

Add Provider Identifier

DEPARTMENT *
▼

JURISDICTIONAL ENTITY / JURISDICTION *
▼

IDENTIFIER TYPE *
NPI ▼

IDENTIFIER *
##########

[SUBMIT] [CANCEL]

    b. For **DDS**, please use your Vendor ID.

Add Provider Identifier

DEPARTMENT
DDS via Regional Center ▼

JURISDICTIONAL ENTITY / JURISDICTION
▼

IDENTIFIER TYPE
DDS Vendor ID ▼

IDENTIFIER
A##### OR AA#### where A

[SUBMIT] [CANCEL]

    c. **Do not list JEs to whom you do not bill. If you add a JE to whom you do <u>not</u> bill for services, you are creating a data integrity issue and may have a reportable breach of Personally Identifiable Information (PII).**

- If there is more than one JE or provider identifier associated with the provider, please repeat this process by selecting the 'ADD' button (see above) until all

the departments, JEs, and provider identifiers you have that are subject to EVV are listed. Providers have the ability to add/edit provider identifier(s) once you have access to your account.

For more information on provider identifiers, please visit the Help page: Go to "How To Fill Out Each Required Field", then click the arrow to see more information on Provider Identifiers. Additional information on the 'Help' page can be located under the **Help - General Information/Getting Started** section**.**

4. Enter your Agency **address** and **contact information**.

Agency Contact Information

The agency contact is the initial point of contact and is the individual who will be responsible for the completion of the
on-boarding process. For more information about the agency contact, please see the Help section on the navigation pane to
your left.

PROVIDER AGENCY PHONE *

###-###-####

PROVIDER AGENCY ADMINISTRATOR EMAIL *

jDoe@example.com

PROVIDER AGENCY ADMINISTRATOR FIRST NAME *

PROVIDER AGENCY ADMINISTRATOR LAST NAME *

5. In the 'Additional Information' section towards the bottom of page, click the applicable button to confirm which EVV system you will use:
   a. If you select **Yes** to using CalEVV system:
      i. Selecting a recipient and caregiver/staff source is required
   b. If you select **No** to using CalEVV system:
      i. Vendor contact information is required for Alternate EVV systems
   c. If you select **Unknown**, then you have not decided which system to use.

6. Click **Submit**.

Once you click 'Submit', your system generated CalEVV Identifier will display on the screen. The CalEVV Identifier will also be emailed to you.

Additional Information

Providers have the option to use CalEVV (the free of cost state supplied EVV system) or an alternate EVV system of your choosing which meet state requirements.

Providers using the CalEVV system will have access to training on how to use the system including how to enter data into the system, how caregiving staff record EVV visit information and how to assure the EVV visit information is accurate.

Providers wishing to use an alternate EVV system, please select "NO" and specify the Software Vendor who will be collecting and transmitting your visit data.

WILL YOUR AGENCY BE USING CALEVV TO ELECTRONICALLY COLLECT VISIT DATA?

○ YES ○ NO ○ UNKNOWN

[SUBMIT]

NOTE: Keep your CalEVV Identifier in a place where you can find it later. This Identifier uniquely detects you as a provider in the CalEVV system. You will need this CalEVV Identifier to register for Learning Management System training and to retrieve your Welcome Kit.

Providers can register multiple times using the same Provider Identifier. If a provider enters a duplicate Provider Identifier, the system will allow the entry to be saved, but the provider must acknowledge the 'Submission Alert'. Simply click **Submit** a second time to complete the self-registration.


SUBMISSION ALERT! X
By clicking submit again, you acknowledge you are creating an account with a jurisdictional entity and provider identifier association that is already in use.

If you have questions regarding the CalEVV Provider Self-Registration Portal form or the CalEVV program, click the **'Help'** section in the form menu for more information. For technical questions or issues regarding the self-registration process, please call the Sandata Customer Care Support Team at 1-855-943-6070 or email CACustomerCare@sandata.com.

Help - General Information/Getting Started

To access help, click on the 'Help' icon in the upper left-hand corner of the Self-Registration Portal screen.
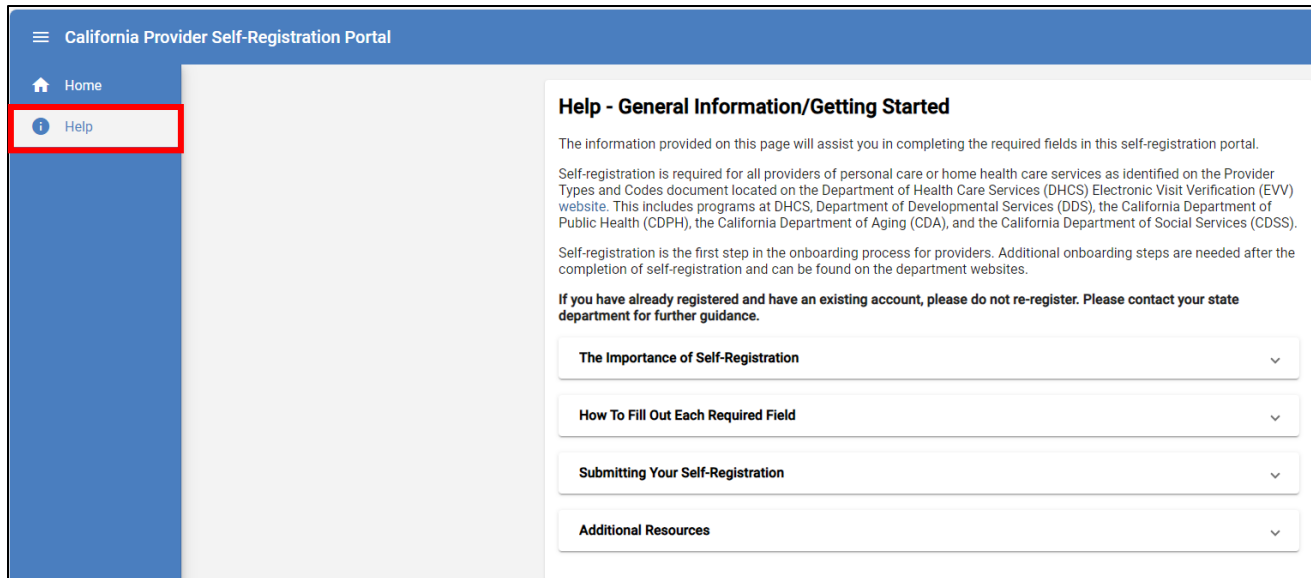
To expand any help topics, click the arrows highlighted in the image below.
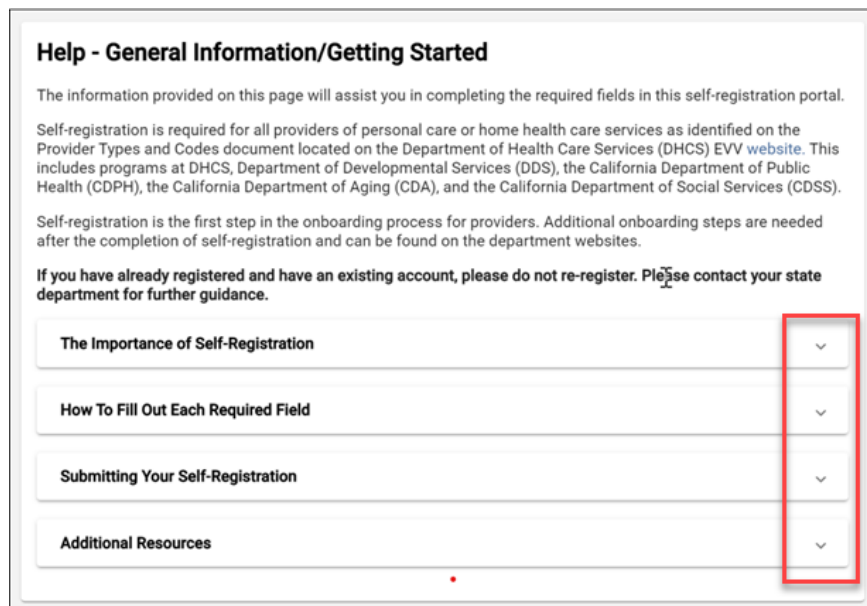
The Importance of Self-Registration:

The Importance of Self-Registration ∧

The data you enter during self-registration will be used to build your account. *All registered providers will have an account, regardless of which system your staff uses to capture* electronic visit verification *(EVV) data.* After your account is created, information in the account can be edited or deleted if needed.

California has contracted with Sandata to offer providers a free of charge EVV system in compliance with the federal EVV mandate. The EVV system provided by Sandata is known as CalEVV. All providers will have access to an EVV Portal which is tied to the account you are creating.

How To Fill Out Each Required Field:

Provider Agency Name:

Provider Agency Name ∧

This is how your provider name will be displayed throughout the CalEVV system.

- If you are a provider agency, please provide the name of your business.
- If you are an individual:
    - DHCS - Billing directly to DHCS or a waiver agency, managed care plan or county, please enter your name as it appears under your national provider identifier (NPI).
    - DDS - Billing directly to a regional center, please enter your name as it appears on your vendorization documentation.
    - CDPH - Billing directly to an HIV/AIDS waiver agency, please enter your name as it appears under your NPI.
    - CDA - Billing directly to MSSP site, CA-MMIS, or managed care plan (MCP), please enter your name as it appears under your NPI or Employer Identification Numbers (EIN).

Provider Identifiers:

You must add at least one Provider Identifier when filling out the provider self-registration form. A provider identifier is used when you bill for services. It is generally how the state or a JE (county, waiver agency, regional center, MCP, etc.) recognizes you. For more information on provider identifiers, please visit the 'Help' page. Please provide **all possible** identifiers for each contracted service you provide. If there are more than one identifier associated with the provider, please repeat this process by selecting the 'ADD' button until all the departments, jurisdictional entities, and provider identifiers that are subject to EVV are listed. Providers can add multiple entries and have an ability to add/edit provider identifier(s) once you have access to your account.

Provider Identifiers

Click 'ADD' button to begin entering information into this section. In this section, you must 'Add' and 'Submit' for at least one provider identifier. **Continue to click 'ADD' until you have added as many identifiers as you have with all the jurisdictional entities you work with.**

A provider identifier is used when you bill for services. It is generally how the state or a jurisdictional entity (county, waiver agency, regional center, MCP, etc.) recognizes you.

Departments

Select from one of the California departments.

- **CCS Via County** – Services provided through the California Children's Services (CCS) program.
- **CDA via MSSP Site** – Services provided through the Multipurpose Senior Service Program.
- **CDA via MCP** – CBAS services provided through the Managed Care Plan.
  - Please note that CBAS Centers who have clients that are billed through Fee for Service (FFS) should additionally add their NPI selecting DHCS as the Jurisdictional Entity.
- **CDPH via MCWP Agency** – Services provided are billed to an HIV/AIDS Medi-Cal Waiver Program (MCWP) Waiver agency under contract with the California Department of Public Health.
- **CDSS via County IHSS** – Services provided through the In-Home Supportive Services (IHSS) program and billed through a county IHSS office.
- **DDS via Regional Center** – The services you provide are billed to a regional center under the Department of Developmental Services.
- **DHCS via HCBA Waiver Agency** – Services provided through the Home and Community Based Alternatives (HCBA) Waiver program.
- **DHCS via MCP** – Services provided through a Managed Care Plan.
  - Please note Fee For Service (FFS) providers and Individual Nurse Providers (INP), who do not associate with a waiver agency or County, and submit a claim/encounter directly to DHCS, will select DHCS via MCP under Department and then select DHCS for Jurisdictional Entity/Jurisdiction.

Address:

Address ⌃

Address Line 1

This is the street or mailing address for your business.

- Providers with multiple business addresses should enter the business address to which EVV communications would be sent, if necessary.
- If you are an individual, enter the street or mailing address that is associated to the provider identifier you entered earlier.

Address Line 2

This will be the 2nd line if one exists for the address (e.g., Suite number).

City

Please provide the city for the street or mailing address you entered.

State

Please provide the state for the street or mailing address you entered.

Zip Code

Please provide the zip code for the street or mailing address you entered.

County

Please provide the County for the street or mailing address you entered.

Agency Contact Information:

Agency Contact Information

The 'Agency Contact' will receive all the initial onboarding emails for the provider and is the individual who will be responsible for the completion of the on-boarding process. The Agency Contact:

- Will be the **administrator of the account** until or unless they designate others to have that role for the account.
  - Any changes to the agency contact must be submitted to the technical support email address under the Additional Resources drop down below
- Will be trained on how to add other administrators and users within the account.
- Will receive general communication and important update emails.
- Should be someone who will be able to complete the above tasks on behalf of the agency.

Agency Contact Phone

Please provide the best contact phone number for the person who will be the administrator of the account.

Agency Contact Email

Please provide the email address for the person who will be the administrator of the account. It is very important this email address is accurate as it is the initial contact email for all system communications.

This individual will receive the CalEVV Identifier (a six-digit number identifying your account has been registered) immediately upon completion of this self-registration and again in a follow-up confirmation email. Keep this number for future reference.

Agency Administrator First Name

The first name of the person who will be the administrator of the account.

Agency Administrator Last Name

The last name of the person who will be the administrator of the account.

Additional Information Section:

Additional Information Section ^

In this section you will indicate if you will be using the CalEVV system or an alternate EVV system. You must select "yes", "no" or "unknown". If you select "unknown" you will be prompted with questions to help you decide between "yes' or "no".

"No" means you will not be using the CalEVV system to capture your EVV visit data. Instead, you will be using an alternate EVV system. If you have a timekeeping, payroll or case management system that electronically captures the required EVV visit data, you will select "No" to use that system in this section. The alternate EVV system you select must have the ability to transmit data to the CalEVV Aggregator. The system you select will send your EVV data on your behalf.

The specific data elements and instructions for sending data are posted on Sandata's website at CalEVV_Alternate_EVV_Vendor_Specification.

If you choose this option, you will be prompted to supply the name of the alternate EVV system and the contact information for that company. This will enable Sandata to reach out to the company and begin the interface process.

When you have completed self-registration, the provider account created for you will include read only access to the CalEVV Aggregator portal where you can view the EVV visit data being sent on your behalf from your selected alternate EVV system.

"Yes" means you will be using the CalEVV system. The CalEVV system is a state supplied system that providers can use free of cost. If you do not already have a timekeeping, payroll or case management system that electronically captures the required visit data, you will select "Yes" to use the CalEVV system.

When you have completed self-registration, the provider account created for you will include the ability for your staff to capture EVV visit data through a mobile application or through a telephone and the administrator of the account will have access to visit data through the CalEVV portal on a desktop/laptop computer.

With a "yes" response, you will be prompted to select how you want your recipient/consumer/beneficiary and caregiver/staff information entered into the CalEVV system.

Recipient/Consumer/Member and Caregiver/Staff Data Source:

Recipient/Consumer/Member and Caregiver/Staff Data Source ︿

- **Data Entry into EVV** – The administrator(s) of the account will manually enter the required information directly into their EVV portal and takes approximately two minutes per record. This is the recommended approach for providers with fewer records to enter.
- **Manual Data Upload** – If you select this option, you will be required to download an excel spreadsheet when your CalEVV system account is available. The required information will be added to the spreadsheet and then uploaded to your CalEVV account. The excel spreadsheet can be used as a one-time data load followed by manual data entry or used regularly depending on provider process needs. This is the recommended approach for providers with a large number of records to enter.
- **Via Interface from an Agency Management Software** – If you are using an Agency Management system that does not include EVV, you can automatically send the required data to your CalEVV account. Your Agency Management system company will need to build an interface to CalEVV to provide the required information and will need to be the source for any updates or changes to the data uploaded. If you choose this option, you will be asked to provide the Software Vendor information for your Agency Management system. Sandata will then contact you directly to discuss this interface. If you chose this option, the ability to manually enter or to upload from a spreadsheet will be removed.
- **Unknown at this Point** – You do not know at this time how you will input required information into your CalEVV account. You will be able to determine the final data input process when you have access to your CalEVV account.