



# Massachusetts Electronic Visit Verification Questions and Answers

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## GENERAL

### **1. What information, according to the Centers for Medicare & Medicaid Services (CMS), does electronic visit verification (EVV) need from you?**

The six required CMS data elements under Section 12006 of the federal CURES Act are below.

- Individual receiving service
- Individual providing the service
- Type of service being provided
- Location of the service
- Date of the service delivery
- Beginning and end time of service delivery

Even if a provider uses a different EVV system than the state's Sandata system, they must still comply with the Massachusetts EVV business rules and program policies.

### **2. Do we still need to have timeslips/paper timesheets? Is EVV replacing MyTimesheet?**

EVV replaces paper timesheets for capturing the six required CMS data elements for EVV visits. Any other policy/program requirements for capturing clinical or other information will still be in place.

### **3. How can I register for an Alt EVV system or the state-sponsored system, Sandata EVV?**

You can register for EVV through the [Provider Self-Registration Portal](#) if you provide services that are in scope for EVV. You can find a list of in-scope services [here](#).

### **4. Do we need to register to receive future communications and training, and are there other ways to stay informed? Is there a site where we can view EVV webinars and trainings?**

For information about webinars and training, go to the [MA EVV website](#). [HHAeXchange Knowledge Base Home](#) also has many support and education tools, including videos, articles, and quick reference guides. For specific information about the Massachusetts EVV program, please refer to the [Sandata Massachusetts payer webpage](#).

### **5. Will agencies be charged a fee for using Sandata?**

The Commonwealth covers the cost of Sandata, but not the cost of any devices or an internet connection.

### **6. Do I need an email address to register with Sandata?**

Yes. When completing the Sandata EVV registration through the [Provider Self-Registration Portal](#), use the same email address you used for your [MyMassGov](#) account. Failure to use the same email address for both the Single Sign-On registration process and the Provider Self-Registration Portal will result in delays in accessing the system. Please double check your email address carefully when registering.

## **7. How do I get my Provider ID and Service Location number?**

You can get your Provider ID and Service Location (PID/SL) number at one of these two locations.

1. [MassHealth Provider Portal](#)
2. [Provider Online Service Center virtual gateway](#)

The Massachusetts Ready, Set, Go EVV Implementation [Checklist](#) has more information on steps to take for the implementation.

## **8. Can we use Sandata for some programs and an Alt-EVV system for others? For example, could I use Sandata for group adult foster care and an Alt-EVV system for services provided through an Aging Services Access Point?**

No, you cannot use a single provider ID for multiple programs. You'll need two different EVV accounts. If you need that, follow the following steps.

- Register with one vendor.
- When you register, a Customer Support account will be created for you.
- Open a support ticket using this link: [Sandata Customer Support Ticket](#). In the ticket, ask our Customer Support team to create a second, Alt-EVV account for the second EVV vendor.
- Once the second account is established, the Alt-EVV vendor associated with the second account can register in the vendor portal and complete the credentialing process.

**Note:** the data from two separate accounts can't be displayed together; you will have to view the data from each account separately.

## **9. Is EVV required for visits where Medicaid is the secondary payer (and Medicare might be the primary payer, for example)?**

Yes, providers must use EVV for services for dual eligible Medicare-Medicaid members who will be billed by Medicare.

## **10. If I have staff members contracted through a different agency, does each one of them need a username and password?**

All employees who provide services need a login to check in and check out for visits.

## **11. Does the Health Insurance Portability and Accountability Act require agencies to communicate to patients about EVV and the use of the Global Positioning System (GPS) to track their visits?**

No, it doesn't require communication with the patient about EVV.

## **12. What if I am only contracted with an ASAP, managed care entity, or accountable care organization, not enrolled directly with MassHealth?**

You are still required to enroll with MassHealth and get your MassHealth provider identification number.

### 13. What is considered a short visit?

A short visit is any visit where the total time is 15 minutes or more below the scheduled amount of time.

### 14. What are rounding rules?

Rounding rules define how the total duration of a home care visit is converted into billable units by grouping time into fixed intervals. The visit's total seconds are compared against predefined time ranges, with each range corresponding to a specific number of units. Using clearly defined, non-overlapping ranges ensures visits are billed consistently, accurately, and fairly based on actual time worked.

How Visit Time Rounding Works:

- Ensuring consistent, fair unit calculations:
- Visit time is measured in total seconds from check-in to check-out
- Time is converted into billable units using fixed time bands
- Each band represents a 15-minute interval, starting after an initial minimum threshold
- This ensures accurate reimbursement and consistent billing across visits

Units	Seconds	Minutes
0 Units	0 – 479	< 8 min
1 Units	480 – 1379	8–22.99 min
2 Units	1380 – 2279	23–37.99 min
3 Units	2280 – 3179	38–52.99 min
4 Units	3180 – 4079	53–67.99 min

### 15. What service code modifiers are necessary to include on EVV visits?

The EVV service code on the claim is matched against the EVV service code on the visits in a Verified status in the EVV Sandata Aggregator at the time the claim is processed/adjudicated. There is no change to the way that services are billed through MassHealth, only that visits are in a Verified state in the EVV Sandata Aggregator before the claim is submitted. For EVV services that have a HCPCS code AND a modifier, both should continue to be included on the claim. In instances where the modifier is only used in billing (i.e. the service provided is the same regardless of modifier), Sandata does not include the modifier in the visit. In the instances where the modifier is included in Sandata where the modifier represents a completely different service. The service code should be selected based on the service provided.

#### Example of Claim Matching with a Service Code and Service Modifier

Claim submitted with G0299 UB for Complex Care Training and Oversight by an RN

Visit submitted with G0299 UB Complex Care Training and Oversight by an RN

----> Claim and visit match on the service because both the HCPCS code and modifier are present for both the claim and the visit

#### Example of Claim Matching with a Service Code and Billing Modifier

Claim submitted with G0299 UD U1 for Direct Skilled Nursing Services of an RN

Visit submitted with G0299 Direct Skilled Nursing Services of an RN

----> Claim and visit match on the service because the billing modifier are not used in the match

#### Example of Claim Mismatch on Service Code

Claim submitted with G0299 UD U1 for Direct Skilled Nursing Services of an RN

Visit submitted with G0299 UB Complex Care Training and Oversight by an RN

----> Claim and visit do not match as the modifier on the visit indicates a different service than the service billed on the claim

## COMPLIANCE

### **1. What are the compliance thresholds and penalties?**

Massachusetts EVV Compliance Plans will hold providers accountable for implementing and accurately capturing EVV for Massachusetts required EVV services. Each phase of the EVV Compliance plans has various penalties set by each program or contracting entity along with the thresholds of compliance for that program. Please continue to check your specific program area, Managed Care Entity (MCE), or Aging Services Access Points (ASAPs) for more information on compliance thresholds and penalties.

### **2. What are “soft edits” and “hard edits” in reference to EVV compliance?**

“Soft Edits” refers to the preparation phase prior to “hard edits” where claims will continue to be paid/processed regardless of the EVV claim to EVV match result. Providers should utilize this phase to practice identifying mismatches and how to resolve mismatches. “Hard Edits” refers to the phase where claims will deny when claims do not successfully match to EVV records. Providers should continue to submit their claims to their payers using the processes provided by those payers.

### **3. What MA programs are currently in the “soft edits” phase of compliance?**

Beginning in October 2025, claims submitted to MassHealth (through POSC) for Fee-For-Service (FFS) providers in Home Health (HH), Group Adult Foster Care (GAFC), and Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waiver programs have been matched for visits and an informational code has been provided on the Remittance Advice (RA) indicating if there was a mismatch. It is critical for provider agencies to prepare for when hard edits are implemented, which will result in claims denial if the submitted claims do not have matching EVV visit records. “Soft Edits” have not begun yet for providers that are contracted through Managed Care Entities (MCEs) or Aging Services Access Points

(ASAPs) at this time and further information on claims to visit match for these areas will continue to be communicated.

**4. I am a provider within the Fee-For-Service (FFS) Home Health (HH) program, what are my compliance requirements?**

HH compliance guidance can be found on the [Home Health Bulletin 94](#) and on the [Home Health Compliance Checkpoints](#).

**5. I am a provider within the Fee-For-Service (FFS) Group Adult Foster Care (GAFC) program, what are my compliance requirements?**

GAFC compliance guidance can be found on the [Adult Foster Care Bulletin 33](#) and on the [GAFC Compliance Checkpoints](#).

**6. I am a provider within the Fee-For-Service (FFS) Home and Community Based Services (HCBS) Waiver program, what are my compliance requirements?**

HCBS Waiver compliance guidance can be found on the [HCBS Waiver Bulletin 24](#) and on the [HCBS Waiver Compliance Checkpoints](#).

**7. I am a provider under a Managed Care Entity (MCE), what are my compliance requirements?**

Please reach out to your Managed Care Entity for compliance guidance.

**8. I am a provider within the Executive Office of Aging & Independence (AGE), what are my compliance requirements?**

Please reach out to your Aging Services Access Points (ASAPs) for compliance guidance.

## COMPLIANCE REPORTING FOR AUTO-VERIFIED VISITS

**1. What is an Auto-Verified Visit?**

An Auto-Verified Visit is defined as having the 6 required Cures Act elements captured electronically when an Employee clocks in and clocks out of their visit. An Auto-Verified Visit is not manually entered or edited after the fact by the Provider.

**2. Why are auto-verified visits important for compliance?**

Massachusetts compliance phases as set by specific program, MCE, or ASAP include thresholds for each provider's auto-verification visits percentage for EVV Compliance calculations. This means that certain checkpoints are measured by the auto-verification visit rate, which is why it is important for provider

agencies to ensure their visits are submitted electronically with no manual intervention after the visit is submitted.

### **3. How do I calculate my compliance percentage based on my auto-verification rate?**

Compliance percentage is calculated by Auto-Verified Visits ÷ (Auto-Verified Visits, Manually Verified Visits, and Incomplete Visits).

### **4. Where do I find my compliance percentage based on my auto-verification rate?**

To find your Agency's EVV compliance percentage based on the auto-verification rate, refer to the "[Auto-Verification Summary Report – All Visits](#)" Daily Range Report in your Sandata EVV account or the Aggregator. Refer to the [MA EOHHA Job Aid](#) to learn how to filter the report to an exact date range and Program and Payer, as applicable.

Additional reports are available on Sandata EVV and the Sandata Aggregator.

### **5. Why is my Agency's EVV Compliance percentage for auto-verified visits is lower than I expect?**

There are a lot of factors to consider when analyzing your Agency's EVV Compliance % for auto-verified visit capture:

- Ensure your agency is capturing (Sandata EVV Providers) and importing (3<sup>rd</sup> Party Providers) the necessary EVV visit data for all in-scope services.
- Ensure your agency regularly performs Visit Maintenance if needed to:
  - Manage scheduled visits (In Sandata EVV)
  - Resolve exceptions to add missing required EVV data
- Ensure the correct Program is associated with your visits so EOHHS Program Staff see your attributed visits. Refrain from using MULTI as Program – MULTI does not translate to a specific Program.

### **6. How can I increase my EVV Compliance percentage for auto-verified visits?**

Make sure your agency is:

- Sending EVV data to the Aggregator timely and with valid data and format
- Ensuring visits are sent in a Verified state prior to claims submission
- Ensuring visits contain all of the 6 CMS required elements
- Clearing any exceptions on visits
- Managing Sandata schedules, if used
- Providers with subcontractors understanding where their visits are being reported to and who is submitting the claim under which Provider Medicaid ID

## **BILLING/CLAIMS**

### **1. Does the Sandata solution affect the way providers submit claims?**

No. There is no change to the way provider agencies submit their claims. Provider should continue to submit their claims to the payers using the processes provided by those payers. It is expected that there are matching EVV visits for claims submitted.

**2. The EVV system will match claims and encounters against EVV visit data. Will payments be affected if there is a mismatch between the claims or encounters and the EVV visit data?**

Beginning in October 2025, claims submitted to MassHealth (through POSC) for Fee-For-Service (FFS) providers in Home Health (HH), Group Adult Foster Care (GAFC), and Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waiver programs have been matched for visits and an informational code has been provided on the Remittance Advice (RA) indicating if there was a mismatch. It is critical for provider agencies to prepare for when hard edits are implemented, which will result in claims denial if the submitted claims do not have matching EVV visit records.

**3. Where can I find more information on specific edits or reason codes that are showing on my Remittance Advice (RA)?**

Please review the [Massachusetts Electronic Visit Verification Edits and Reason Codes Guide](#) for more information on how to review claims for errors and examples of what codes may be visible on the Remittance Advice (RA). Provider agencies will want to identify claims not successfully matched to EVV records and take appropriate corrective action. Note that this guide is not targeted to Managed Care Entities (MCEs) or Aging Services Access Points (ASAPs) at this time and further information on claims to visit match for these areas will continue to be communicated.

**4. If a claim has multiple visit lines for the same services on the same day, how will EOHHS match the claim to the EVV data, since visit times are not on claims?**

Sandata will add together the EVV visit units for any one day, and EOHHS will compare the sum to the number of units billed on the claims. EOHHS will also compare other CMS-required EVV elements.

**5. Will providers have specific compliance goals, like correcting a certain percentage of errors?**

Please refer to your specific program area's compliance guidelines for certain thresholds of compliance for that program.

## ALT-EVV

**1. If our electronic health record/electronic management record (EHR/EMR) system has EVV already, do we still need to use Sandata?**

The EOHHS EVV Solution is an open model. That means providers can use their own EVV system and send their EVV-related data to the EVV data aggregator (the database that maintains consolidated EVV information), or they can use the state's EVV system. EOHHS refers to providers' own EVV systems as Alt-EVV systems. All visits, whether verified in the state's EVV system or a provider's, will be sent to the EVV data aggregator. If a provider chooses to use an Alt-EVV system, they will still be required to

provide all six data elements of the Centers for Medicare & Medicaid Services (CMS) EVV requirements. Your vendor will need to check Sandata's [Alt-EVV specification document](#) for information on sending visit data to the EVV data aggregator.

## **2. Does my EMR system work with Sandata?**

Please ask your EMR vendor about integration capabilities with Sandata.

## **3. What devices can Alt-EVV providers use to collect EVV data?**

Alt-EVV systems may use a mobile device, a landline, or other devices (referred to as fixed visit verification, or FVV, devices in Sandata's documents and software) that can collect visit data, including the CMS required data elements.

## **4. Does our staff need to record information in two systems if our EMR does not work with Sandata?**

Sandata does not capture clinical information. It collects the six CMS-required EVV data elements and applies the Massachusetts EVV business rules.

## **5. When will the Massachusetts Alt-EVV specifications be provided?**

The Massachusetts Alt-EVV specifications have been reviewed during townhalls hosted by Sandata. For information, check Sandata's Alternate EVV [Technical Specifications](#). Also refer to the training materials from the [Alt EVV Training Session](#).

## **6. If my agency currently has an EMR system that records attendance verification, can we compile the data and submit it in bulk in Sandata?**

Yes, you can upload information to the Sandata EVV aggregator from another system. Please review information provided on [HHAExchange Knowledge Base Home](#) for more information about Sandata and using your own EVV system as an Alt-EVV provider.

## **7. I am using an Alt EVV Vendor and I am running into "Client Not Found" errors. What next steps can I take?**

Please review the [Alt EVV training session presentation](#) that covers "Client Not Found" errors. As outlined in this presentation, please ensure the following:

- Use only MassHealth (Medicaid ID) or AGE Consumer ID as client identifier
  - Note: MassHealth (Medicaid ID) will always start with "100..."
  - AGE Consumer ID will always start with "13..."
- MassHealth (Medicaid ID) and AGE Consumer ID go in different fields within the specs
- Ensure the clients are in scope for MA EVV
  - Reference the [MA EVV Service Codes Listing](#) for all MA Service Codes in scope and required to use EVV.

If you have double checked the above and worked with your Alt EVV vendor to troubleshoot, please take the next step to contact Customer Support through **Submit a Request** at [Client Support Portal](#). In your ticket, please include the following information:

- What's the issue?
- How often is it occurring?
- Who is your AltEVV Vendor?
- JSON data for the visit you are experiencing rejections

## SANDATA FUNCTIONALITY QUESTIONS

### 1. How can I register with Sandata?

Follow the step-by-step onboarding instructions on the [Massachusetts Get Ready Checklists](#) to register with Sandata EVV or an Alternate EVV vendor.

### 2. When I submit my visits in Sandata what do the visit statuses mean?

- **Scheduled:** The visit has not yet occurred and has a scheduled start date/time in the future
- **In-Progress:** The visit is in progress. Scheduled visits are placed in this status if the scheduled start time has passed or the system has received a call. Unscheduled visits are placed in this status if the system has received a call-in, but not a call out and is less than 24 hours since the call-in was received.
- **Incomplete:** The visit is missing required information. Required information is based on the state-designated configuration. Missing information is indicated on the visit maintenance grid as exceptions (red dots).
- **Verified:** The visit has no exceptions. A visit in this status is eligible to be returned for claims validation
  - **Auto-Verified:** An Auto-Verified Visit is defined as having the 6 required Cures Act elements captured electronically when an Employee clocks in and clocks out of their visit. An Auto-Verified Visit is not manually entered or edited after the fact by the Provider.
  - **Manually Verified:** A visit that was manually entered into the EVV system by the Provider or edited after the fact.
- **Processed:** The visit was returned to the adjudication system during claims validation
- **Omit:** A visit marked (by the Provider) to be ignored. These visits are not expected to be submitted for billing or claims validation and do not require exceptions management.

### 3. Do Sandata schedules need to be updated in addition to visits?

If you are using Scheduling in Sandata or sending schedule data to the Sandata Aggregator, schedule status' need to be maintained. Visits are in a Scheduled status until the scheduled time passes.

After the scheduled time:

- If all required data is present and no manual edits are made, the visit becomes Auto-Verified once the employee clocks out.
- If required data is missing (e.g., clock in/out, payer or the schedule did not occur), the visit becomes Incomplete.

**Visits in Auto-Verified, Manually Verified, or Incomplete statuses are considered in EVV Compliance**

## **calculation.**

For visits that did not occur and will not be billed, providers need to update with the missing information or mark the visit as "Do Not Bill" to move the visit to Omit status. In Sandata, providers can select "Do Not Bill" with the Reason "Other - Visit Did Not Occur." For Alt EVV providers, any imported visit that did not occur and will not be billed, update the visit with the 'BillVisit' field set to 'False'. This will change the visit's status to Omit.

### **4. How does SMC work offline? Can workers disconnect (go into airplane mode)?**

Sandata works in an offline mode when it can't connect. You can still check in and out for the visit using SMC. The visit information will be sent to Sandata once your device can connect again.

### **5. In parts of rural western Massachusetts, there is no internet/Wi-Fi access. How will that be addressed in the Sandata MA EVV system?**

EOHHS is aware of this concern. Sandata works in an offline mode when it can't connect. You can still check in and out for the visit using SMC. The visit information will be sent to Sandata once your device can connect again.

### **6. If a worker checks in at a home but forgets to check out, will Sandata let them check in at their next visit?**

SMC will require the worker to end the previous visit to start the new visit. Visit maintenance will then need to be conducted in Sandata to add the appropriate end time for the previous visit.

### **7. Can workers manually edit their time after they check in or out in Sandata?**

No. Visit maintenance occurs in Sandata after the visit has occurred.

### **8. If a worker performs a service that is allowed to be provided outside the member/consumer's home, do they need to check in or out in Sandata within the geofence?**

There is not a requirement for the visit to be captured within the geofence. You can review any GPS and geofence information through reports in Sandata.

### **9. Can members/consumers use landlines to call in and out using Sandata?**

No. Members/consumers are not required to check in and out for EVV, and Sandata does not have that feature. Workers check in and check out, using Sandata Mobile Connect (SMC).

### **10. Can you tell us more about Sandata's reporting?**

Please review information provided on [HHAeXchange Knowledge Base Home](#) for detailed information on how to pull reports in Sandata. For compliance reporting, please pull the **Auto-Verification Summary Report – All Visits**.

**11. Does Sandata provide a way to upload data, such as worker information, to help providers get ready to use the system?**

Sandata provides bulk upload capabilities for worker data for initial setup.

**12. In Sandata, I am not sure what my MA payer is from the listed acronyms?**

Reference the list of MA program and payer acronyms at [Massachusetts EOHHS Program and Payer Acronyms](#).

**13. Where will the Sandata training and document library be published?**

HHAeXchange Knowledge Base Home contains many support and education tools, including videos, articles, and quick reference guides. For specific information about the Massachusetts EVV program, please refer to the HHAeXchange Knowledge Base Home

**14. Will Sandata be available in different languages?**

Yes. Massachusetts has required that Sandata be available in English, Chinese (Mandarin), Chinese, (Cantonese), French (Creole), Portuguese, and Central American Spanish.

**15. Will Sandata be accessible to users who have visual disabilities, need hands-free technology, or have other disability-related needs?**

Yes. Sandata meets all state and federal accessibility requirements, including the federal Americans with Disabilities Act (ADA) and the Web Content Accessibility Guidelines (WCAG) recommendations.

**MA EVV REQUIRED SERVICES**

**1. Which service codes/CMS Healthcare Common Procedure Coding System (HCPCS) codes require EVV?**

Providers of personal care services; home health services; and other, related services are required to use EVV. Our [EVV website](#) lists the service codes that require EVV.

**2. Do telehealth services require EVV?**

Yes. Our [EVV website](#) lists the service codes that require EVV.

**3. Are durable medical equipment suppliers required to use EVV?**

No, EVV is not required for medical supplies, equipment, or appliances.

**4. Are Adult Foster Care (AFCs) providers required to use EVV?**

AFCs are not required to use EVV.

**5. Does the Program of All-inclusive Care for the Elderly require EVV?**

According to CMS, EVV is not required for Program of All-inclusive Care for the Elderly services.

**6. Are MassHealth independent nurses required to use EVV?**

No. Continuous skilled nursing (CSN) is not part of EVV, so independent nurses and independent registered nurses are not required to use EVV.

## MASSACHUSETTS BUSINESS RULES/FUNCTIONALITY

**1. Do I have to record the tasks I perform while in a home providing care?**

Massachusetts does not require you to record tasks for EVV. Instead, you must record units by service code/HCPCS code. Services will be recorded in Sandata, but tasks won't. For example, Sandata will record home health aide/personal care aide/direct care aide services, but not specific activities of daily living (ADLs) or instrumental activities of daily living (IADLs) that are performed.

Alt-EVV systems must send visit data to the EVV data aggregator, reported by service code.

**2. Does Massachusetts require GPS for EVV?**

CMS requires the location of the service for EVV. The easiest way to track where services are provided is to use the GPS location services on a mobile device. If a worker cannot use GPS, they must select "home" or "community" as the service location.

**3. Is there a state-required Global Positioning System tolerance/compliance, or geofence (for example, does my device have to show that I'm within 300 feet of the service location), or can we set the tolerance as we see fit for the area?**

There is no state-required Global Positioning System (GPS) tolerance. The geofence in Sandata is set at 250 feet. You can still verify and record EVV visits outside that range or without a GPS connection. Provider agencies can get reports to show them when visits occur outside the geofence.

**4. Does the mobile app require member/consumer signatures?**

The EVV implementation is not changing the program requirements that require proof of service, only enabling the proof of service electronically. Sandata will prompt you to provide member/consumer signatures as proof of service. If you can't get a signature, or if no signature is required, Sandata has processes to handle that situation.

**5. Will there be any changes to visit lengths for medication management?**

No, EVV does not affect other program rules, including those for medication management.

**6. What will you use to identify EVV providers? Do we need to obtain National Provider Identifiers?**

Providers are required to enroll with MassHealth. Each provider's National Provider Identifier (NPI) is stored in MassHealth's Medicaid Management Information System (MMIS) with a corresponding MassHealth provider ID and PID/SL. This PID/SL is 10 characters, made up of a 9-digit base number and an alpha service location letter (for instance, 123456789A). Your PID/SL is displayed on MassHealth reports as well as correspondence and remittance advice, and you'll use it to register. Your contracting requirements will not change because of using EVV; in other words, if a provider is a managed-care-only provider, the contract is still with their managed care plan, and the provider still needs to enroll with MassHealth within 120 days.

**7. Will any Social Security numbers be required?**

No. Social Security numbers will not be collected or stored in Sandata.

## DEVICES

**1. Do I need a mobile device for Sandata? Does it work on both tablets and cell phones?**

Yes, Sandata requires a mobile device for capturing visit information electronically. Sandata's application, Sandata Mobile Connect (SMC), works on tablets and smartphones. Sandata is available without cost to Massachusetts Medicaid enrolled providers required to use EVV.

**2. Will EOHHS provide mobile devices, like phones or tablets, to providers or provider workers for EVV?**

No, EOHHS will not provide devices to providers or provider workers for EVV.

**3. How can Sandata help agencies prepare workers to use EVV on mobile devices?**

Sandata will provide any mobile device requirements. Please refer to [HHAeXchange Knowledge Base Home](#) for more information on mobile device requirements.

**4. What if my mobile device can't connect to the internet to document the visit electronically?**

Sandata works in an offline mode when it can't connect. You can still check in and out for the visit using SMC. The visit information will be sent Sandata once your device can connect again.