



We heal and inspire the human spirit.

To: EVV Impacted Providers, Individual Nurse Providers & CBAS
From: IEHP – Provider Relations
Date: May 2, 2025
Subject: **DHCS EVV Office Hours – May 12, 23 & 29**

Please note: As of November 1, 2024, this will be a Q&A Session only (there will be no presentation).

Register to come if you have questions for the team and drop in at any time during the hour session. Our EVV team can provide 1:1 assistance during our new Office Hours format.

Monday, May 12	Friday, May 23	Thursday, May 29
1:00pm -2:00pm	10:00am-11:00am	11:00am-12:00pm

Assistive Services

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternate format or language services, please write or email to:

EVV Assistance
1501 Capitol Avenue
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413
Email: EVV@dhcs.ca.gov

Please note: The range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Please visit DHCS' [EVV webpage](https://dhcs.ca.gov): dhcs.ca.gov > search "EVV" or DDS' [EVV webpage](https://dds.ca.gov): dds.ca.gov > Services > EVV for more information.

Please email our team at EVV@dhcs.ca.gov any questions in advance to allow our team time to prepare responses and for possible live demonstrations.



SPOTLIGHT

CALIFORNIA ELECTRONIC VISIT VERIFICATION (EVV)

Good Practices for Data Accuracy

- ✓ Association of the Member to correct service codes
- ✓ Providers should ensure that new or existing data entry for the Client in the CalEVV system should accurately be associated to the correct payer, services and program that have been authorized by the Jurisdictional Entity (JE).
- ✓ Jurisdictional Entities (JEs) should ensure their providers have accurate and authorized services for each client/member. Ensure the payer (provider) selects the entity that approves the authorization.
- ✓ Providers must be linked to the appropriate JE who authorizes their services or pays their claims.

Please indicate all (*) required fields:

- ✓ **Payer*:** The entity who authorizes for services to be rendered and/or pays claim.
- ✓ **Program*:** Indicate whether the service selected is classified as *Personal Care Services (PCS)* or *Home Health Care Services (HHCS)*.

The screenshot shows a web form titled "Client Payer". It contains several dropdown menus and text input fields. The fields are: PAYER* (dropdown), PROGRAM* (dropdown), SERVICE* (dropdown), JURISDICTION* (dropdown), CLIENT PAYER ID (text input), FROM DATE* MM/DD/YYYY (calendar icon), and TO DATE MM/DD/YYYY (calendar icon). There is an "ADD" button at the bottom right. A "History" link is in the top right corner. A note at the top left of the form area says "* Indicates required field".

- ✓ **Service*:** Authorized service Healthcare Common Procedure Coding System (HCPCS) code. Refer to the [Provider Types and Codes¹](#) document.
- ✓ **Jurisdiction*:** The local entity with direct relationship with the state department. JEs authorize and/or pay providers for service.

They include:

- Home and Community-Based Alternatives (HCBA) Waiver Agencies,
 - Managed Care Plans (MCP),
 - California Children's Services (CCS) Counties,
 - Department of Health Care Services (DHCS),
 - Regional Centers (RC),
 - Multipurpose Senior Services Program (MSSP),
 - Medi-Cal Waiver Program (MCWP) Agencies,
 - County In-Home Supportive Services (IHSS).
- ✓ **Service Start Date*:** Date the service authorization begins.