



CalEJV Business Intelligence (BI) Tool User Guide for Jurisdictional Entities

Sandata

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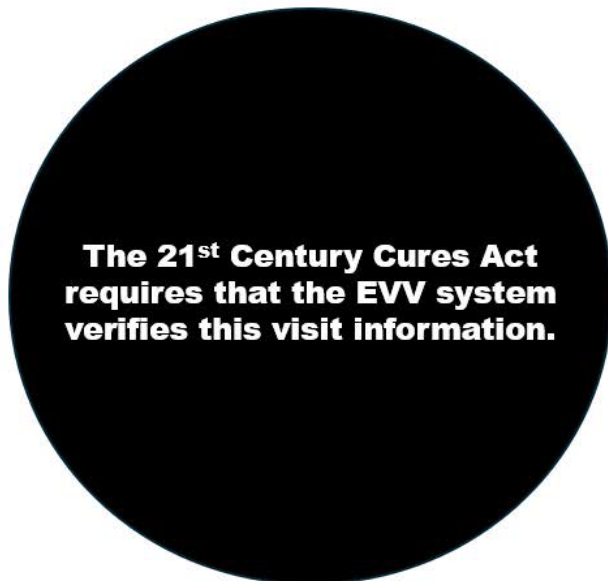
Jurisdictional Entities (JE)

Local organizations that authorize and pay providers for services and provide oversight of service delivery. 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 (RCs)
- Multipurpose Senior Services Program (MSSP) Sites
- Medi-Cal Waiver Program (MCWP) Agencies
- County In-Home Supportive Services (IHSS)

EVV Overview – Federal Mandate Requirements

The 21st Century Cures Act, enacted in 2016, mandates all states to use an EVV system for Medicaid-provided* Personal Care Services (PCS) and Home Health Care Services (HHCS) requiring an in-home visit by a provider.



Six (6) required data elements

- Individual/member receiving the service
- Individual/caregiver providing the service
- Type of service performed
- Location of the service delivery
- Date of service
- Time service begins and ends

For the Department of Developmental Services (DDS), providers of regional centers are required to provide services that are federally eligible as a part of their vendorization. Also, in the Self-Determination Program (SDP), participants who choose to be in the SDP agree that the services they receive are eligible for federal financial participation.

Provider Compliance

Compliance means providers are registered and submitting complete EVV visit data for services provided in the home.

- Live-in caregivers (LIC) are exempt from EVV requirements. More information about live-in caregivers can be found on department websites.
- EVV visit data must be captured in the CalEVV system, or an alternate EVV system, at the time of the visit.
- Manual entry or editing entries of a visit should only be done to ensure a compliant visit is recorded.
- EVV does not change where or how services are being provided.
- EVV does not impact authorizations or billing processes.

JE responsibilities include disseminating state department communications to impacted providers to ensure providers are receiving communications and are aware of EVV requirements and timelines.

CalEVV Business Intelligence (BI) Tool Overview

The BI Tool, also referred to as DOMO, allows users to view EVV data in a more dynamic way. The data is near real-time and is pulled from the CalEVV Aggregator.

The BI Tool allows users to view information across payers, programs, and services from their linked providers. Linked providers are providers who have associated themselves to their JE by entering their Provider Identifier during self-registration and Provider ID maintenance.

BI Tool users can verify:

- If providers are registered and associated/linked to their specific JE.
- If Cures compliant EVV data is being submitted by their associated/linked providers.
 - The visit status (e.g., Incomplete, In Process, Omit, Processed, and Verified).
 - A Verified visit is a record that contains the six required data elements.

The BI tool users can also:

- View and access EVV data and submissions by their linked providers.
- Filter, drill down, and export reports allowing users to check certain segments of data.
- Use the favorites dashboard to quickly access frequently viewed cards.
 - A dashboard is a collection of cards.
 - A card is a report with visual representation of data.

Requesting BI Tool Access

If BI Tool access is needed or should be removed, please follow the instructions below, according to your state agency.

DHCS: JEs and their identified representatives listed below are to email EVV@dhcs.ca.gov for the Aggregator / BI Tool request form.

- Counties – CCS Administrator or Medical Director to submit form.
- MCP – Primary and/or secondary contact to submit form.
- HCBA Waiver Agency – Waiver Agency Administrator to submit form.

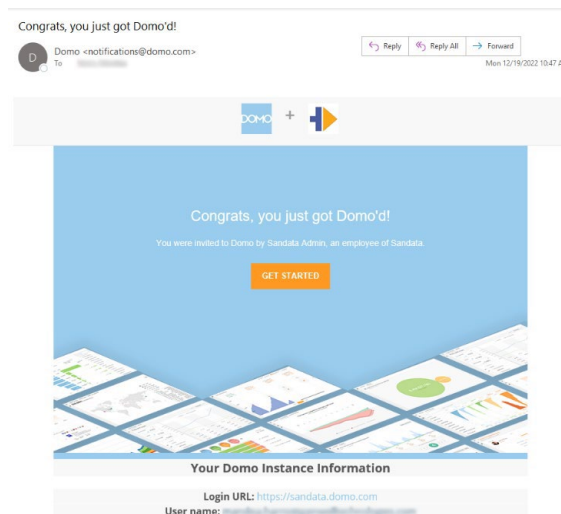
DDS: RC staff can email EVV@dds.ca.gov copying the authorizing RC Executive.

California Department of Public Health: Email to request for the Aggregator/BI Tool Request Form.

California Department of Aging: Email CACustomerCare@sandata.com to request Aggregator / BI Tool access.

First Time User Login

Once approved users' credentials have been provisioned, they will receive a welcome email from DOMO with the subject line: **“Congrats, you just got Domo’d!”**

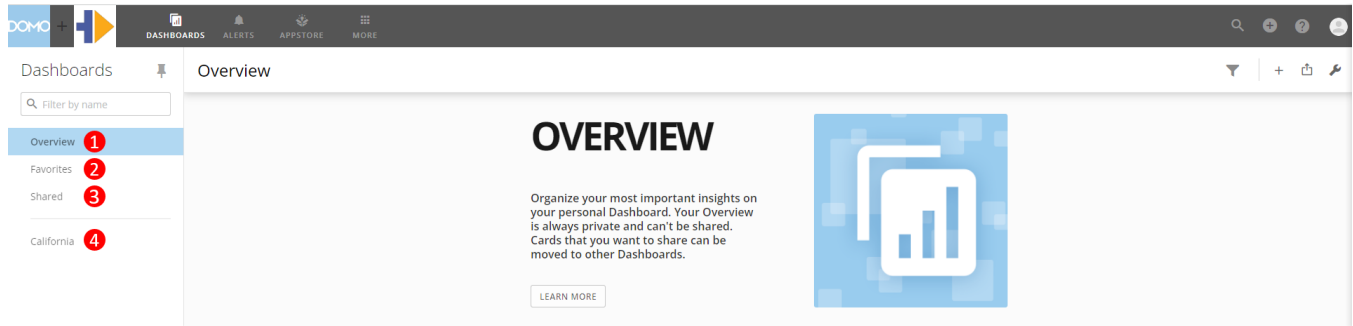


- Be sure to check your spam folder if this email is not in your email inbox.
- The email contains the link to set up your username and password.
- Bookmark the URL included in the email: <https://sandata.domo.com> for easy access in the future.

- If an approved user has not received this email or has log in difficulties, please call or email the Customer Support team at 1-855-943-6070 or CACustomerCare@sandata.com.

BI Tool Dashboards

Dashboards are a collection of cards. A card is a report with visual representation of data.



1. **Overview:** State level users with the ability to copy cards will use this dashboard.
2. **Favorites:** A personalized dashboard with cards that have been saved as favorites for quick access.
3. **Shared:** Cards the state has shared with you. An email notification that a card has been shared with you will be sent by DOMO.
4. **California:** The primary dashboard. This collection of cards has three sections:
 - **Clients & Employees:** This section has six (6) cards including demographic information about providers, as well as client and employee information.
 - **Visit Information:** This section has sixteen (16) cards. They provide insight into the EVV utilization by the providers in the program. They include information on the number, type, status of services provided, and statistics on the method used to verify the visits.
 - **Appendix:** Information for these (3) cards include:
 - Cards to verify which providers are registered: Provider Listing Details card.
 - Cards to verify if Cures compliant visit records are being submitted: Verified Visits – Auto vs Manual card.

See report descriptions in the Card Types section of this guide.

Provider Listing Details Card: Verify Providers Are Registered

The Provider Listing Details card is in the California dashboard Appendix section. It provides summary-level information for each provider including the total number of active employees, clients, and visits for the current month and year. This card can be used to look at the overall account information by provider in addition to verifying if they are registered or not.

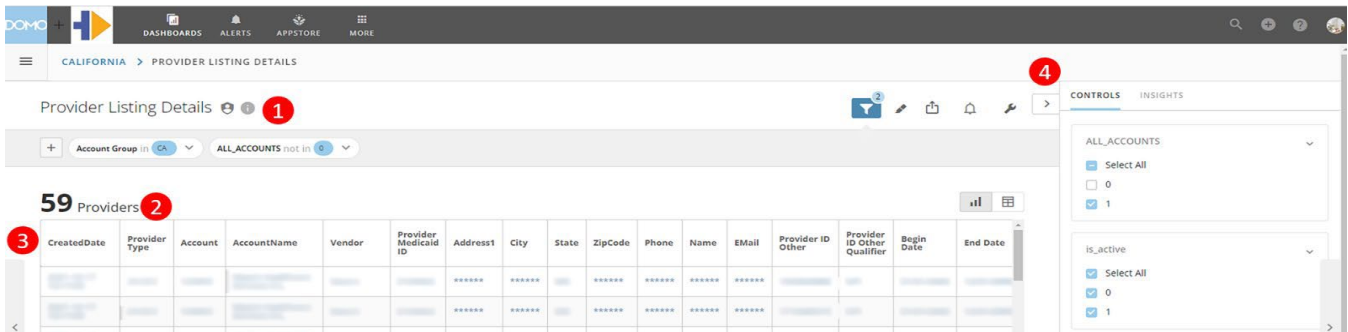
- Only providers who are registered and associated/linked to the JE will be listed on this card.
- Providers enter their Provider Identifiers to create the association/link to their JE during registration and Provider ID maintenance.
- Blue highlighted rows indicate providers who have registered but have not logged anything into their EVV system. It is advisable to let the provider know that there is no data for them and that it is their responsibility to record visits.



Timestamp	State	Value 1	Value 2	Value 3	Value 4
2023-01-13 16:47:25	CA	0	0	0	0
2022-12-16 08:56:05	CA	0	0	0	0

These providers may need to:

- Complete the recommended [EVV training](#).
- Enter their employee and client information into their EVV system.
- Start entering visit information with their EVV to capture the six (6) required data elements of a visit to fulfill the federal requirements of the Cures Act.



1. **Title of Card:** Provider Listing Details.
2. **Number of Providers:** Lists the number of providers that have registered and associated/linked themselves to the JE.
3. **Column Headings:** Depending on the *amount* of data, all data may not show up on the card.

- **Created Date:** Date the provider registered for CalEJV.
- **Provider Type:** Lists Agency or Alt EVV.
 - *Agency* indicates that the provider is using Sandata/CalEJV.
 - *Alt EVV* indicates that the provider is using an alternate EVV system.
- **Account:** This is the unique agency account number assigned to the provider by Sandata upon completion of the required training.
- **Account Name:** This is the provider's name entered upon registration.
- **Vendor:** Lists the name of the non-CalEJV 3rd party alternate EVV vendor/system if an alternate EVV software platform was chosen during registration.
- **Provider Medicaid ID:** Sandata assigns this unique EVV system identifier when a provider registers for EVV.
 - If a provider accidentally registered more than once, they will have more than one Provider Medicaid ID. This provider must work with CA Customer Care to deactivate the ones they are not using. Please call or email the Customer Support team at 1-855-943-6070 or CACustomerCare@sandata.com to deactivate applicable account(s).
- **Provider Demographic Information:** Address, City, State, and Zip.
- **Provider Contact Information:** Phone, Name, and Email.
 - Providers are responsible for updating contact information. Providers will work with CA Customer Care when updates occur. Please call or email the Customer Support team at 1-855-943-6070 or CACustomerCare@sandata.com.
- **Provider ID Other & Provider ID Other Qualifier:** Providers enter this identifier and qualifier during registration and Provider ID maintenance.
 - DHCS, CDPH, and CDA require a National Provider Identifier (NPI).
 - If you see a provider that only has the Tax ID entered and they are with DHCS, reach out to those providers and have them update their Provider Identifier and enter their NPI; otherwise, their claims will not match.
 - CDSS uses the type Other.
 - DDS requires Vendor ID.

- **Begin Date:** The date the Provider Identifier was associated with the specified JE in the system.
- **End Date:** The default end date is 12/31/2999. This card is for active providers only and only shows their active JE associations with the default date.
- **Payer:** The department associated with the provider.
- **Jurisdiction ID:** This is an identifier assigned by the state department. A JE can be referred to in long name, short name, or identifier.
- **Jurisdiction Name:** This is the JE's name.
- **Provider Utilization:** These columns can be used to identify which providers are recording visits. A *call* or *visit* is a service provided during an in-person encounter to a client in a home or community-based setting. The maximum length of a visit in the CalEVV system is 25 hours (24 hours with an extra hour to account for early or late calls).
 - **# Employees:** Indicates the number of employee records that have been added to the provider's EVV system.
 - An Employee is the individual who is providing the service to the beneficiary, client, member, participant, or recipient.
 - **Clients:** Indicates the number of client records that have been added to the provider's EVV system.
 - A *Client* is the individual who receives services subject to EVV requirements.
 - **# Visits This Month:** Indicates the total number of visits recorded for the current month.
 - **#Visits YTD:** Indicates the total number of visits recorded for the year to date.

4. **Quick Filters:** The Quick Filters panel is located on the right side of the screen and includes several data points pertinent to the purpose of the card. Click the arrow on the top left of the Quick Filters menu to collapse the view.

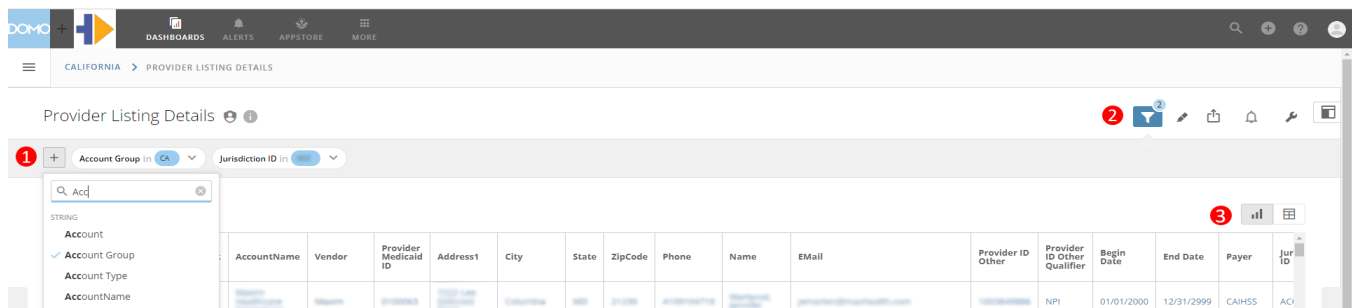
All accounts Options: Select All, 0 and 1.

- **Select All:** This is not the default selection
- **0:** Zero will show/hide invalid EVV accounts.
- **1:** One will show/hide valid EVV accounts.

- **Is active Options:** Select All, 0 and 1. Refers to the Provider ID Other column.
- **Select All:** This is the default selection.
- **0:** Zero will show/hide inactive Provider IDs. Inactive means the Provider ID end date is in the past.
 - When a provider deletes a Provider ID in CalEVS then the end date column will reflect that date for that Provider ID.
- **1:** One will show/hide active Provider IDs. Active means the Provider ID end date is in the future. The default end date is 12/31/2999.

Buttons




On the **Provider Listing Details** card, buttons allow the BI Tool user to change the display views and perform specific functions.



1. **Filter Panel:** Adds filters to select data values. To select a filter, click the plus sign (+). (Note: If the plus sign is not visible, try clicking on the browser refresh button in the upper left-hand corner of the browser interface.) The filter bar at the top of the chart will show the selections made. Filters can be removed by clicking on the 'X' in that filter box. Removing all the filters will display the data available.

- For example, filter by 'AccountName' and select one or more providers to review only their data. Then click the 'Apply' button.

2. **Button Menu:**

-  **Filter Button:** Displays or hides the Filters Panel.
-  **Annotation:** Takes a "Snapshot" of a card, add annotations if desired, and share it with other BI Tool users.
-  **Share:** Sends/Exports the data. Depending on the type of card, you will see some or all options: Email, Print, Excel, CSV, and PowerPoint.

- All data from current card level or filter/s set will be shared/exported.
- Please note that the export process may be lengthy depending on the volume of data you are attempting to export.
- Follow your department's rules regarding sharing Personal Health Information (PHI).

Send / Export: Provider Listing Details

×



Email



Print



Excel



CSV



PowerPoint

- **See Alerts:** Identifies changes for a specific metric. When an alert is triggered, you will receive an email with a snapshot of the card, the previous value, the new value, and the difference.
 - **Card Options:** Displays two (2) important functions:
 - **Add to Favorites:** Adds a card to the Favorites dashboard.
- **Schedule as Report:** Schedules an email of an individual card/report on a recurring basis. The email will include a snapshot of the card and a link to the card.

3. Chart/Table Buttons:

- **Chart:** Shows the card details with hyperlinks to drill-down information.
- **Table:** Shows the card details with the ability to sort the data by column header.

Verify Cures Compliant Visit Records: Verified Visits – Auto vs. Manual Card

The **Verified Visits – Auto vs. Manual** card is in the California dashboard, Appendix section. This card is a cross-provider view of Cures compliant EVV data showing the auto-verified versus manually verified visit ratio. The data can be used to identify potential issues with provider EVV compliance which may warrant further investigation.

- **Auto verification** is defined as a visit that had no exceptions (i.e., no missing data elements) and then moved into a verified status without any manual modification.
- **Manual verification** is defined as a visit that had at least one manual update applied to that visit record. The manual update(s) subsequently allowed that visit record to be moved into a verified status.

- For example, an employee forgot to call out at the end of a visit creating an exception; therefore, a manual adjustment was made to add the call-out time to the visit record.

The screenshot shows a dashboard titled "Verified Visits - Auto vs. Manual" for California. It features a table with columns for Account, Santrax ID, Provider Name, Payer, and various visit metrics. A date range filter is set to "Last 31 Days". On the right, there are control panels for "Provider Type" (with options: Select All, Agency, Alt EVV) and "Visit Status" (with options: Select All, Incomplete, Omit, Processed, Verified).

Account	Santrax ID	Provider Name	Payer	# Visits	# Verified	% Verified	# Not Verif	% Not Verif	# Auto Verif	% Auto Verif	# Manual Verif	% Manual Verif	# Omitted	% Omitted	Provider Medicaid ID
...	CAHCBA	2	2	100%	0	0%	2	100%	0	0%	0	0%	...
...	CAHCBA	1	1	100%	0	0%	1	100%	0	0%	0	0%	...
...	CAHCBA	2	2	100%	0	0%	2	100%	0	0%	0	0%	...
...	CAHCBA	1	1	100%	0	0%	1	100%	0	0%	0	0%	...

Each row represents an employee and contains the number of visits they have captured during the selected date range.

1. **Title of card:** Verified Visits – Auto vs. Manual
2. **Date Range:** The default date range is for the Last 31 days. Click on **Last 31 Days** button to expand access to the date range field options.
3. **Quick Filters:** The Quick Filters panel is located on the right side of the screen and includes several data points pertinent to the purpose of the card. Click the arrow on the top left of the Quick Filters menu to collapse the view.

Provider Type Options: Select All, Agency, and Alt EVV

- *Agency* indicates that the provider is using Sandata/CalEVV.
- *Alt EVV* indicates that the provider is using an alternate EVV system.

Visit Status Options: Only visit statuses that exist in the data will be shown in this list.

- **Select All:** This is not the default selection.
- **Incomplete:** A visit that exceeds 25 hours that is missing required data element/s.
- **Omit:** A visit that was marked 'Do Not Bill' in the provider's EVV system for some reason, such as a duplicate visit, will have an omit status. By default, omit is not selected.
- **Processed:** Provider had a federal claim that matched to the EVV record.

- **Verified:** A visit that has the six (6) required data elements; therefore, it is Cures compliant.

4. Column Headings

Account: Unique agency account number assigned to the provider by Sandata.

Santrax ID: Sandata assigns this ID when an employee is added into EVV the first time.

- An employee is also referred to as a caregiver or in-home provider.

Provider name: Provider's name entered upon registration.

Payer: Department associated with the provider.

Visits: Total number of visits.

Verified: Total number of verified visits.

% Verified: Level of visits that are Cures compliant.

Not Verified: Total number of not verified visits.

% Not Verified: Level of visits that are not Cures compliant.

Auto Verified: Total number of visits that were captured at the point of care.

% Auto Verified: Level of visits that were captured at the point of care.

Manual Verified: Total number of visits that required manual adjustment.

% Manual Verified: Level of visits that required manual adjustment.

Omitted: Total number of visits that have an Omit status.

% Omitted: Level of visits that have an Omit status.

Provider Medicaid ID: A unique EVV system identifier that Sandata assigns when a provider registers for EVV.

- *Duplicates* – If a provider accidentally registered more than once, they will have more than one Provider Medicaid ID. This provider must work with CA Customer Care to deactivate the ones they are not using. Please call or email the Customer Support team at 1-855-943-6070 or CACustomerCare@sandata.com.

Buttons

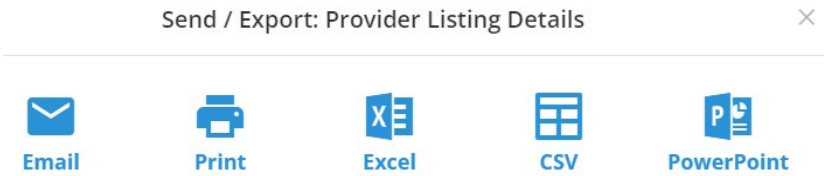
On the **Verified Visits – Auto vs. Manual** card, buttons allow the BI Tool user to change the display views and perform specific functions. On some levels there are additional buttons.

Account	Santrax ID	Provider Name	Payer	# Visits	# Verified	% Verified	# Not Verif	% Not Verif	# Auto Verif	% Auto Verif	# Manual Verif	% Manual Verif	# Omitted	% Omitted	Provider Medicaid ID
166051	251685		CAHCSA	2	2	100%	0	0%	2	100%	0	0%	0	0%	

1. **Filter Panel:** Adds filters to select data values. To select a filter, click the plus sign (+). (Note: If the plus sign is not visible, try clicking on the browser refresh button in the upper left-hand corner of the browser interface.) The filter bar at the top of the chart will show the selections made. Filters can be removed by clicking on the 'X' in that filter box. Removing all the filters will display the data available.

2. **Button Menu**

- **Filter Button:** Displays the Filters panel.
- **Annotation:** Take a “Snapshot” of a card, adds annotations if desired, and shares it with other users.
- **Share:** Sends/Exports the data. Depending on the type of card, you will see some or all options: Email, Print, Excel, CSV, and PowerPoint.
 - All data from current card level or filter/s set will be shared/exported.
 - Please note that the export process may be lengthy depending on the volume of data you are attempting to export.
 - Follow your department’s rules regarding sharing Personal Health Information (PHI).



- **See Alerts:** Identifies changes for a specific metric. When an alert is triggered, you will receive an email with a snapshot of the card, the previous value, the new value, and the difference.
- **Card Options:** Displays two (2) important functions:
 - **Add to Favorites:** Adds a card to the Favorites dashboard.
 -

- **Schedule as Report:** Schedules an email of an individual card/report on a recurring basis. The email will include a snapshot of the card and a link to the card.

Drilling Down

It is possible to perform a comprehensive analysis of the available data through a process known as “drilling down.” Every time you drill down, the data is filtered by the selection made. From the card details level, click on any of the data on the chart to drill-down to the next level of detail, if available.

- For example, clicking on a provider name will drill down to display results for that Provider’s visits in the next level. To drill down further, click on ‘Incomplete’ in the *Visit Status* column to display the Data level of this card. Now only the incomplete visit records for this provider are displayed.
 - **User Tip!** Click the ‘Share’ button to export the data to an Excel/CSV file format and email it to the provider. Remember to use an encryption method.

VisitKey	Account	Provider Name	Provider Medicaid ID	Payer	Call In Type	Call Out Type	Client Full Name	Employee Full Name	Visit Status	Verified	Verified Type	Bill Hours	Visit Contains Exceptions	Total Exceptions
		Agency Personal Care		CAHCBA	IVR	IVR			Verified	1	AUTO	15.17		

1. **Breadcrumbs:** To go back to a previous level of the same card, use the breadcrumbs panel to select which view to return to. This will preserve the selections you made throughout the card’s drill path.
2. **Title:** The name of the level within the card.
3. **Column Headings:** Each level will have its own columns associated with it.

Additional Buttons

There are additional buttons on the Data level.

Account Group	Jurisdiction ID	Visit Status	Provider Name	Account Name	VisitKey	Account	Provider Medicaid ID	Contract	Call In Type	Call Out Type	Client Full Name	Employee Full Name
CA	ACC	Verified						CAHCA	IVR	IVR		

1. **Edit Table:** Adds additional filters.
2. **Show Totals:** Displays the total count on the bottom of each column.
3. **Group / Ungroup this column:** Use the button to group the data by the column selected. This will display a report with the total count.
4. **Filter this column:** Filters the data by the column selected. Type in the search bar or use the scroll bar to find and select the data value and click apply. This will display report with the filtered data.

Favorites

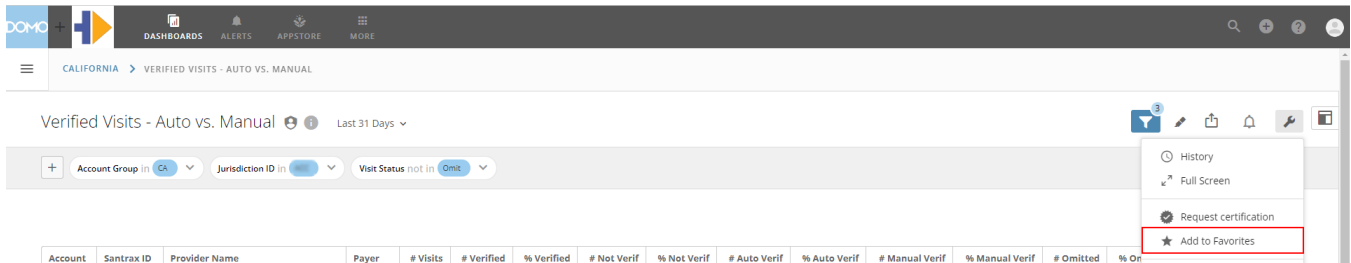
A personalized dashboard with cards that you use the most, and have saved as favorites for quick access. To view your Favorites, navigate to the Dashboard menu and select 'Favorites.' All cards that you have added to Favorites will be displayed on this dashboard.

Account	Santrax ID

CreatedDate	Provider Type
2021-12-17 15:17:09	Alt EVV
2021-12-17 15:17:09	Alt EVV
2021-12-17 15:17:09	Alt EVV
2021-12-17 15:17:09	Alt EVV
2021-12-17 15:17:09	Alt EVV

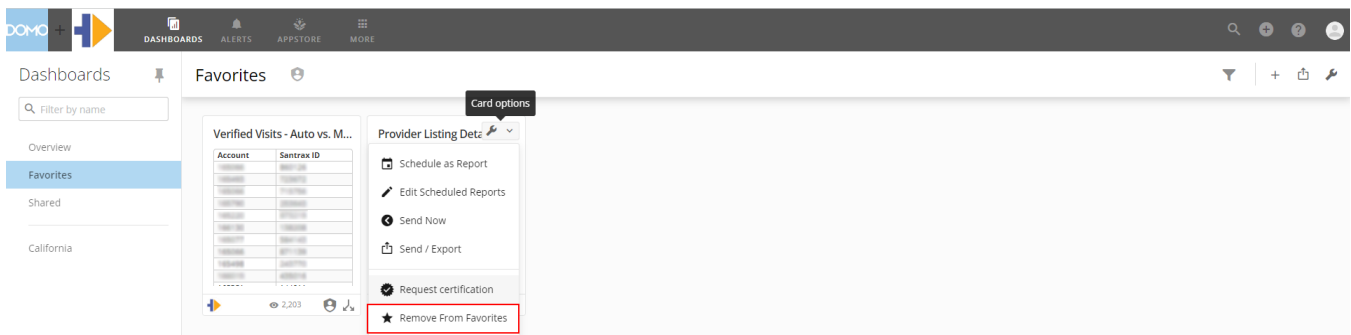
Adding a Card to Favorites

To add a card as a Favorite, click on the **Card Options** menu of the card and select **Add to Favorites**.



Removing a Card from Favorites

To remove a card from Favorites, click on the **Card Options** menu of the card and select **Remove From Favorites**.



Card Types

Cards are the visual representation of report data and divided into three (3) groups:

- Clients & Employee
- Visit Information
- Appendix

Due to the amount of data, not all data might be shown on cards. It is suggested that the quick filters be applied. Exporting to Excel will include all data.

Clients & Employee Cards

Providers: Displays summary level information for each provider, including the total number of active employees, total number of clients, and total number of visits. Each provider will be listed in a different row based on the Account Number and Provider Medicaid ID.

- Use the **Provider Listing** card to look at overall account information by provider.

Employees: Displays detailed information for all active employees across all providers. Individuals working for multiple providers will be listed multiple times: once for each provider they are employed with.

- Use the **Active Employee Listing** card to review the active employees of a provider.

Active Clients: Displays detailed information for clients across all providers. The card includes information about the program(s) and service(s) each client is authorized to receive. In the event of clients receiving services from multiple providers, the same client will be listed multiple times: once for each provider from which they receive services. This card also includes start and end dates for authorizations.

- Use the **Active Client List** card to review clients of a provider.
- Use the **Authorizations** card to review historical authorization data.

Provider Demographics: Displays a geographical representation of providers' locations based on their primary addresses. The card depicts provider distribution throughout the country by state, based on the address information received in the self-registration portal. Note that this is at the EVV Account level. Sandata creates a different provider account when the provider's Medicaid ID changes and based on this, the same provider may be listed multiple times.

- Use the **Provider Demographics** card to understand where providers are located.

Provider - Client By Provider Type: Displays providers with active clients assigned. The card shows the number of providers by type, indicating the number of providers that have clients associated with them and the number of providers who do not.

- Use the **Provider – Client Profile By Provider Type** card to review EVV adoption based on client creation for each provider.

Visit Information Cards

Trending Visits: Displays the number of visits of each service type, by day, across all accounts and shows the trend of visits by day based on the service selected.

- Use the **Trending Visits** card to gain an understanding of volume of visits per service type.

Visits by Day: Displays the number of visits by day shown in a calendar. This card provides the user with an overview of visit volumes in the current calendar year for the program, identifying variations in the number of visits over time.

- Use the **Visits by Day** card to identify peak usage both by day and within a specific day.
 - This can help planning for support resources as well as understanding how members are generally provided services.
 - This chart can also help identify the relative usage of the different call types.

Global Positioning System (GPS) Visit Mapped: Displays the location of all calls received containing GPS latitude and longitude coordinates. This will include calls sourced from

Sandata's Mobile Visit Verification (MVV) devices and 3rd party GPS calls. This card provides a way to visualize call density based on a location.

- Use the **GPS Visit Mapped** card to view the location of all calls made from a GPS-enabled device.

Visits By Status: Depicts the number of visits in each visit status. It further explains each status by the type of visit.

- Use the **Visits by Status** card to view the total number of visit statuses and type of visit within the selected date range.

Visit This Week: Displays the visit details for the current week by default.

- Use the **Visit Listing** card for compliance reviews conducted on a particular provider, or when reviewing the utilization of services for a particular client.
 - The data in this card is also helpful in identifying the correlation between services and the different payers and providers in the program.
 - This card will be useful in evaluating the participation levels in the program by providers using the various Alt EVV vendors versus those using Sandata EVV.

Auto Verified Percentage: Displays the percentage of auto-verified visits. By default, the card shows the percentages for the last 31 days.

- Use the **Auto Verified Percentage** card for a quick look at the percentage of visits without manual edits across all providers.

Daily Visits Over X Hours: Displays employees working more than eight (8) hours per day (default but variable).

- This information can be used to allow further exploration of an employee's activity, specifically in understanding when overtime may be a factor.
- This card can also be used to potentially identify staff shortages in particular providers.

Weekly Visits Over XX Hours: Displays employees working more than 40 hours in the previous week (default but variable).

- Use the **Weekly Visits Over XX Hours** card to identify employees who have worked more than 40 hours per week.
 - This information can be used to allow further exploration of an employee's activity, specifically in understanding when overtime may be a factor.
 - This card can also be used to review overtime within a given provider and employees who are working an excessive number of hours.

Client Conflicts: Displays a summary of clients with overlapping visits in a calendar view. The calendar shows the number of conflicts identified on a daily basis. A conflict is defined as the same client (based on the Client Medicaid ID field) having two (2) visits for the same service that overlap.

- Use the **Client Conflicts** card to identify potential issues with visits within and across providers.

Employee Conflicts: Displays a summary of employees with overlapping visits in a calendar view.

- Use the **Employee Visit Conflicts** card to identify issues with employees. For example, an employee who is providing overlapping services within the same provider.
 - This excludes group visits where the employee could be legitimately providing services for multiple clients within a single provider at the same time.

Reason Code Utilization By Visit Start Date: Displays the total number of visits with reason codes and the distribution of those codes. By default, this card shows the past 31 days.

- Use the **Reason Code Utilization by Visit Start Date** card to have a quick understanding of how different reason codes are being applied by providers when making changes and updates to visits.
 - Reason code utilization is particularly interesting to view the program is evolving. Early in the program, it is expected that reason code utilization will identify areas where additional outreach and training may be of value.
 - As the program evolves, the information will be helpful to determine compliance with the overall program.

Group Visits Summary: Displays detailed information about group visits. From the initial view of the summary of group visits by week, you can drill down based on the provider or week which group visits can be viewed.

- Use the **Group Visits Summary** card to review group visits by provider or week.

Visit Modifications – By Visit Date: Displays visit modification activity shown over time. Upon drilling down, the user will have an understanding of which modifications are being used most by providers in that time period. Then drilling down by modification type identifies which provider is using that modification the most.

- Use the **Visit Modifications – By Visit Day** card to determine which types of modifications are being made most often to visits.

Visits By In Call Type: Displays the number of visits for each call-in type including Manual, for the past 31 days.

- Use the **Visits By In Call Type** card for a quick view of device utilization across the program.

Billable Activity by Provider: Displays visits in a billable state by service and date. The card provides a summary of visits that are in a verified status (no exceptions, which have not yet been matched to a billed visit by Claims Validation). By default, the data shown is for the past 31 days.

- Use the **Billable Activity by Provider** card to see which services have the most activity on a day-to-day basis.
 - This information can be useful to determine the total outstanding EVV activity that has not yet been billed (or gone through adjudication successfully when compared to EVV data).
 - It may also help in identifying those providers that may not be billing in a timely fashion.

Current Visit Exceptions: Displays the types of exceptions being applied to visits and may pinpoint areas where additional intervention and training are required. Note: The unknown client exception will not be shown on this chart. The client must be known to guarantee that the client belongs to the payer, or the information will not be available.

- Use the **Current Visit Exceptions** card to review the application of different types of visit exceptions over time.
 - As visits are fixed in visit maintenance, the numbers will decline. Assuming visit maintenance is being done shortly following the visit activity, the numbers at the beginning of the period shown should be less than the numbers at the end of the period.

Appendix Cards

Authorization Details: Review detailed current and historical authorization data for clients. This card shows information about a client's current and past service authorizations. This card includes the:

- Provider name and account number
- Client's name and Medicaid ID
- Authorization status (Active or Inactive)
- Payer
- Program
- Service
- Jurisdiction
- Start and end dates of the specific authorization

There is one row per client per authorization. An authorization may be marked as inactive, even if it has not expired, if it is superseded or replaced by a newer authorization. In addition, multiple identical copies of an authorization may appear if the authorization data was transmitted to Sandata multiple times without changes.

Visit Verification Rate: Displays the percentage of auto-verified visits and the percentage of verified visits by month for the last six (6) months across all providers.

- Use the **Visit Verification Rate** card to show the progress of your providers overall toward improved compliance with respect to complete visits and avoiding the need to manually edit visits.
 - Filter this card by *Provider* to show how each provider is doing.

Verified Visits – Auto vs. Manual: Displays a summary of visits by employee where the relation between automatic and manual verification is shown. This card is a cross-provider view of EVV compliance showing the auto-verified versus manually verified ratio. Auto verification is defined as a visit that had no exceptions and then moved to a verified status without any manual interactions. Manually verified visits have at least one (1) manual update applied.

- Use the **Verified Visits – Auto vs. Manual** card to verify providers are submitting Cures compliant EVV data.
 - Early in a program, these numbers can be used to identify employees and providers where additional training, and support may be needed to understand the optimal way to increase their auto-verification percentages.
 - As the program is accepted, these numbers can be used to identify potential issues with provider EVV compliance which may warrant further investigation.

Provider Listing Details: Displays summary level information for each provider including the Provider ID, Provider ID Other Qualifier, Payer, Jurisdictional ID, Jurisdictional Name, the total number of active employees, the total number of clients, and the total number of visits for the current month and year to date. Each provider will be listed in a different row based on the Account Number and Provider Medicaid ID.

- Use the **Provider Listing Details** card to verify that all jurisdiction providers have registered for EVV and to verify providers are recording visits.

Key Performance Indicator 1

Key Performance Indicator 1 (KPI 1): The purpose of the KPI 1 card is to enable Jurisdictional Entities to monitor monthly CMS EVV compliance by identifying the percentage of paid claims or encounters that have a corresponding verified EVV visit match.

This KPI supports oversight and reporting by helping Jurisdictional Entities assess compliance for Personal Care Services (PCS) and Home Health Care Services (HHCS) that require EVV.

KPI Definition

KPI 1 calculates the percentage of total paid claims/encounters for PCS and HHCS that have a corresponding verified EVV visit record.

KPI Calculation

KPI 1 is calculated using the following formula:

$$\text{KPI 1} = \frac{\text{Number of Paid Claims with a Verified EVV Visit Match}}{\text{Total Number of Paid Claims}} \times 100\%$$

Below is a screenshot of the KPI 1 card. The following columns are included:

CA CMS KPI 1 V2 

bDate	jurisdiction_id	Paid Claims with Visit Match	Numerator	Denominator
2025-10-01	[REDACTED]	19.5%	4,405	22,638
2025-10-01 TOTAL		19.5%	4,405	22,638
2025-09-01	[REDACTED]	0.0%	0	28
2025-09-01 TOTAL		0.0%	0	28
GRAND TOTAL		19.4%	4,405	22,666

1. **bDate** – Batch date, aggregated by month.
2. **Jurisdiction_ID** – The business entity responsible for authorizing and/or paying providers for services and overseeing service delivery.
3. **Paid Claims with Visit Match** – Represents the percentage of paid claims that have a verified EVV visit match. This value is calculated by dividing the Numerator by the Denominator.
4. **Numerator** – Counts the number of unique paid claims that successfully matched to at least one verified EVV visit.
5. **Denominator** – Counts the total number of unique paid claims/encounters for PCS and HHCS.

Users can drill down for additional details by clicking a value on any of the line items.

- Selecting a month will open a detailed data view filtered to that specific month.

Drill Down Data Details

When drilling down into a specific month, the Data view includes the following fields:

1. **INTF_RSP_TXN_QLFR**: SUCCESS or ERROR is returned to note whether the claims request was matched successfully.

2. **ICN:** The assigned Claim Identifier or Internal Control Number (ICN) is a unique value assigned to every claim in order to distinguish it from all other claims received by the system.
3. **DLN Detail Line Number:** A unique line number for each detail line within the claim.
4. **Provider_ID:** Provider Identifier submitted in the claims request.
5. **Account:** Sandata-assigned account number found based on the associated with the requested Provider ID.
6. **Client_ID:** The identifier for the client. For most Medicaid programs, this is the Medicaid ID assigned by the state.
7. **Svc:** The Service code associated with the claims (also known as HCPCS code).
8. **Visit_Beg_Call_Dtime:** The visit start date and time as reported on the claim.
9. **Visit_End_Call_Dtime:** The visit end date and time as reported on the claim.
10. **Visit_Beg_Adj_Dtime:** The visit start date and time as recorded in the EVV visit record.
11. **Visit_End_Adj_Dtime:** The visit end date and time as recorded in the EVV visit record.
12. **Visit_Found_Ind:** Indicator denoting whether the visit was found or not. Possible values:
 - 0 – No visit found
 - 1 – One or more visits found
13. **Visitkey:** Unique identifier for the Visit. Created and maintained by Sandata.
14. **SuccessInd:** Indicates whether a claim has been successful or not.
 - 1 = Successful
 - 0 = Not Successful
15. **ErrorInd:** Indicates whether a claim has errors or not.
 - 0 = No Errors
 - 1 = Errors

CalEVV Helpful Resources

The following are contacts and resources that you can use to direct the provider for help and support with EVV.

For general information about the CalEVV program, visit the California Department websites listed below:

- [Department of Health Care Services \(DHCS\) EVV](#)
- [Department of Developmental Services \(DDS\) EVV](#)
- [California Department of Aging \(CDA\) EVV](#)
- [California Department of Public Health \(CDPH\) EVV](#)

For technical assistance, contact the Sandata Customer Support team at 1-855-943-6070 or CACustomerCare@sandata.com.

For EVV assistance with Alternate systems, please call 1-855-943-6069 or email CAAltEVV@sandata.com.

For additional questions, email:

- DHCS at EVV@dhcs.ca.gov
- DDS at EVV@dds.ca.gov
- CDA at EVV@aging.ca.gov
- CDPH at CDPHMCWP@cdph.ca.gov