



EVV TIME CORRECTION/ADJUSTMENT FORM

Please fill out all fields completely and legibly. Incomplete forms will not be processed. All reasons for adjustment are subject to State of Wisconsin verification.

Submittal Instructions:

- Submit one form per shift worked.
- Submit by Email to infocdwi@consumerdirectcare.com or Fax to 1-877-785-9992.
- Submit by Monday at midnight following the two-week pay period to ensure timely payment. Refer to the payroll calendar. Forms submitted more than 30 days after the date of service will not be accepted!
- Time correction submittals are limited to 3 times per employee before additional MCO approval is required prior to payment.

Member Name: _____

Caregiver Name: _____

Worker ID #: _____

Shift to be Adjusted: Date: ____/____/____ Service Code: _____

Check In: ____:____ am / pm Check Out: ____:____ am / pm Hours Worked: _____

Describe in detail your request for the EVV time adjustment.

Reason for needing an adjustment to the shift:

If you are having difficulty submitting either a Sandata Mobile Visit Verification (MVV) or Telephonic Visit Verification (TVV), you must notify Consumer Direct Care Network within 24 hours or the next business day to get assistance. If you do not report the issue, time submitted on this EVV Time Correction/Adjustment Form will not be processed. This form was created to correct a shift that was submitted through the Sandata EVV system.

Caregiver verification of Check In/Out: I acknowledge by signing below that I understand I am required to check in and out of my scheduled shift using the Sandata EVV system. I understand and agree that all missed check in/check out times are subject to audit by the State of Wisconsin and that submitting this form with fraudulent information can be considered Medicaid Fraud.

Caregiver Signature: _____

Date: _____

Member verification of Check In/Out: By signing this form, I hereby certify that I received these documented services on the date and time listed above. I understand it can be considered Medicaid fraud if I sign this form without having received the services listed.

Member Signature: _____

Date: _____

Office Use Only	Issue:	<input type="checkbox"/> Pending Check-Out	<input type="checkbox"/> Pending Check-In	<input type="checkbox"/> Time Exceeds Authorized Hours
		<input type="checkbox"/> Time Overlap	<input type="checkbox"/> Missing Time (EVV not used)	
Date Prepared:	____/____/____	Date Adjusted in EVV:	____/____/____	
Prepared by:	_____	Adjusted by:	_____	