EVV Provider Forum

January 31, 2024

Delaware Division of Medicaid and Medical Services

Agenda

Welcome and Introductions

Project Updates

Claims Subject to EVV

EVV Taxonomies

Q & A

Q & A

Project Updates

- EVV Statistics as of January 29, 2024
  - 643,975 visits submitted
  - 115 unique MCDIDs registered
  - 45 MCDIDs actively using system

Project Updates

- ACDE and HHO are currently testing transmission of a Data Warehouse File extracts from Sandata.
  - These file extracts will support a post-payment review process whereby claims subject to EVV will be matched against EVV visit data.
  - The MCOs will work with providers regarding discrepancy issues.
  - Post-payment review activities are anticipated to begin in the 2nd quarter of CY 2024.

Project Updates

- DEFH will have a direct interface with the Sandata system whereby claims are matched against visit data.
  - Once the API is turned on, providers will receive messages via their RA regarding discrepancies between claims and visit data.
  - No claims will be denied for missing visit data.
  - DEFH will let their contracted providers know when they intend to begin this process.

EVV Claims
No Span Billing

- Providers should submit claims for EVV covered services with each date of service on a separate claim line.
  - For example, if a provider conducted EVV covered visits daily from Monday to Friday, each visit must appear on a separate claim line. The five visits can be on the same claim, but each date of service must be on a separate line. Providers may no longer bundle visits across multiple days onto a single claims line.

Span Billing Change to Daily Billing

The example below illustrates the change from Span Billing to Daily Billing

Individual received 2 hours of service a day (8 units) from 1/4/2023 to 1/8/2023.

SPAN BILLING			
DATE	CODE	Units	COST
1/4/2023 to 1/8/2023	T1019	40	$150.00

DAILY BILLING			
DATE	CODE	Units	COST
1/4/2023	T1019	8	$30.00
1/5/2023	T1019	8	$30.00
1/6/2023	T1019	8	$30.00
1/7/2023	T1019	8	$30.00
1/8/2023	T1019	8	$30.00

EVV Claims
Multiple Visits on Same Day

a. Multiple visits for the same service on the same date of service must be included on the same claim line.

- For example, the individual receives 1 hour (4 units) of service 3 x a day.

DAILY BILLING (Multiple Visits in Same Day)			
DATE	CODE	Units	COST
1/4/2023	T1019	12	$45.00

EVV Claims
Overnight Visits-New Guidance

Visits that span overnight do not need to be broken up into two separate visits. For example, the worker's shift is from 9:00 pm to 6:00 am. The shift should be reflected as one visit. **There is no change in this guidance.**

Visits that occur overnight and span two days should be claimed on one detail line for the *begin date of the service*. **This is new guidance!** Previously, providers were directed to split the claim onto two separate claim detail lines, one for each date of service. Example under new guidance: DSW arrives to provide T1019 Waiver Personal care at 9:00 pm and departs at 6:00 am. The claim would look as follows:

1/4/2021	T1019	36 units

EVV FAQ

- The EVV FAQ document has been revised to reflect this new guidance and will be distributed to the EVV list serve and posted on the EVV web page.

EVV Taxonomies

- DMMA maintains and is publishing an updated taxonomy crosswalk.
  - Reflects all current EVV Services and associated taxonomies for each payer DMMA, ACDE, DEFH and HHO.
  - This should help providers who are still in the provider registration process within DMAP (as required by 21st Century Act).
  - The crosswalk will be posted on the EVV webpage, distributed to the EVV list serve and embedded in a revised FAQ document.

Q&A/Wrap Up

Additional Questions and Information

- **Sandata Customer Service**:

  - Sandata users: 1.833.542.2603 or decustomercare@sandata.com (include DE EVV in subject line).

  - Alternate EVV system users: DEaltevv@sandata.com

Additional Questions and Information

- **DMMA**: DHSS_DMMA_EVV@delaware.gov

- **ACDE**: EVV_Provider_Notification@amerihealthcaritasde.com

- **DEFH**: EVVProviderCommunication@delawarefirsthealth.com

- **HHO**: EVVProviderCommunication@highmark.com

Additional Questions and Information

- Additional questions may be emailed to: DHSS_DMMA_EVV@delaware.gov
  - When emailing DMMA, please include the Sandata service ticket number(s)
- DMMA will periodically post new information on our EVV webpage: https://dhss.delaware.gov/dmma/info_stats.html

Cures Act Resources

- DMMA/DMAP FAQs and How to Guides

(Visit DMAP portal at https://medicaid.dhss.delaware.gov/provider, click *Manuals, Bulletins and Forms* link on the left, and clicking on the *Managed Care Only Providers MCOP* in the documents folder on the left)

- DMAP Provider Services Phone: 1-800-999-3371, option 0 then option 4

- Email: delawarepret@gainwelltechnologies.com

- CMS Final Rule -https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf & CMS Medicaid Enrollment Compendium https://www.medicaid.gov/sites/default/files/2021-05/mpec-3222021.pdf

- Joint MCO FAQs (to be provided)

- Each MCO Provider Services and/or Provider Relations/Engagement team

Instructions for Obtaining Member Medicaid ID

Providers must use the member's Medicaid ID (MID) as the identifier in the Sandata EVV system. This number is also a required data element in the alternate EVV vendor visit file. Providers can obtain this number in a variety of ways as described below.

- **Members Medicaid/MCO Card —** The member's Medicaid/MCO card will contain both the MCO assigned ID and the MID.

- **Call the Automated Voice Response System (AVRS) —** Call 1.800.999.3371 option 1. The following will be needed for the call:
  - NPI
  - PIN (last 4 of Tax ID or SSN — if individual)
  - Taxonomy
  - Zip Code that matches what is in DMES

Instructions for Obtaining Member Medicaid ID

- **Search on the DMES provider portal** (Please Note: Currently, this functionality is only available to providers who have a FFS contract and is not available to providers that only contract with the MCOs DMMA is working to make changes in DMAP to allow MCO only providers to access this information. Providers will be notified when this functionality is available). — In order to use the portal, providers must first register. You register using your MCDID and PIN (last 4 of Tax ID or SSN — if individual). Once registered, providers have access to the secure portal where eligibility can be verified. Providers can also create delegates to work on your behalf. Delegate access can be limited to verifying eligibility only. Each delegate would register with their own account based on the creation of the delegate account by the provider. Below is a link to instructions on how to verify eligibility on the portal:
  https://medicaidpublications.dhss.delaware.gov/docs/search?Command=Core_Download&EntryId=566

- **Contact the MCO with whom the member is enrolled**