EVV Provider Forum

February 28, 2024

Delaware Division of Medicaid and Medical Services

Agenda

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Background on Cures Act

21st Century Cures Act

- How does the CURES Act apply to Home- and Community-Based Services (HCBS) programs?

  Section 12006 of the CURES Act requires states to implement an electronic visit verification system for:

  Personal Care Services (PCS) by January 1, 2019.

  Home Health Services (HHS) by January 1, 2023.

21st Century Cures Act Requirements for EVV

- At a minimum, EVV systems must collect the following information:
  - Type of service performed.
  - Individual receiving the service.
  - Date of the service.
  - Location of service delivery.
  - Individual providing the service.
  - Time the service begins and ends.

21st Century Cures Act

- There are some elements that must be present to be compliant with the law:
  - System capability.
  - Privacy compliance.
  - Support for users of the system (members, families, provider, etc.).
- States were penalized if they did not comply with required timeframes.
- Allowances were made if the State made good faith efforts to comply and delays were unavoidable.

21st Century Cures Act

The Act does not:

- Limit the services provided.
- Limit provider selection.
- Constrain individuals' choice of caregiver.
- Impede the way care is delivered.
- In any way establish an employer-employee relationship.

Delaware EVV Implementation

DMMA's Goals for EVV

- To improve the health and well-being of Delaware Medicaid members by:
  - Confirming that services are being provided as agreed upon in the Plan of Care;
  - Maintaining the flexibility needed by members to direct their community-based services.
- To support service providers in implementing and maintaining a system that appropriately tracks Medicaid services.
- To reduce and avoid fraud, waste and abuse in the Delaware Medicaid program.

Why and What Services are Subject to EVV?

WHY	WHAT
Services that address activities of daily living (ADL) and/or instrumental activities of daily living (IADL)	• Personal Care • Attendant Care (includes self-directed option) • Companion • Respite(includes self-directed option) • Chore • Homemaker • Supported Living
Home health benefit	• Home Health Aide • Home Health Nursing • Physical/Occupational/Speech Therapies
Like service	• Private Duty Nursing

Delaware's EVV Vendor

- The State selected Sandata as its EVV vendor through a competitive procurement process.

- Sandata is the largest provider of EVV systems to state Medicaid programs in the country.

- The Sandata system includes visit collection, data aggregator and reporting modules.

Delaware EVV Model

Open Model EVV	- One statewide EVV system for data collection and data aggregation. - Existing provider EVV systems may be maintained but EVV data must be sent to the Sandata aggregator. - Enhanced federal matching funds.
Service Verification	- Direct service worker (DSW) signs in to the EVV system at the beginning and end of each shift. - Exceptions process to correct mistakes.
Reporting and Dashboards	The system includes reporting and dashboard functionality at various user levels (State, MCO, provider).

Delaware EVV Model

- Many providers have their own EVV systems.
  - Providers can continue to use their existing systems if they meet State requirements.
  - Data collected from other EVV systems must be sent to the Sandata data aggregator
- Providers who do not have their own EVV systems may use the Sandata system for visit collection.

Current Status of EVV Program

- Delaware's EVV program went live on December 30, 2022
- Providers are sending their data to the Sandata aggregator
- Providers using the Sandata solution for visit collection have begun using the system for this purpose.
- DMMA is working with providers on an individual basis to register with Sandata.

Member Identifier in Sandata System

Identifying Member Medicaid Identifier

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:

- 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
- Contact the MCO with whom the member is enrolled

Identifying Member Medicaid Identifier

- Search on the DMES provider portal — 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.
  - This 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

Provider Record from DMES to Sandata
Provider Identifier = MCDID
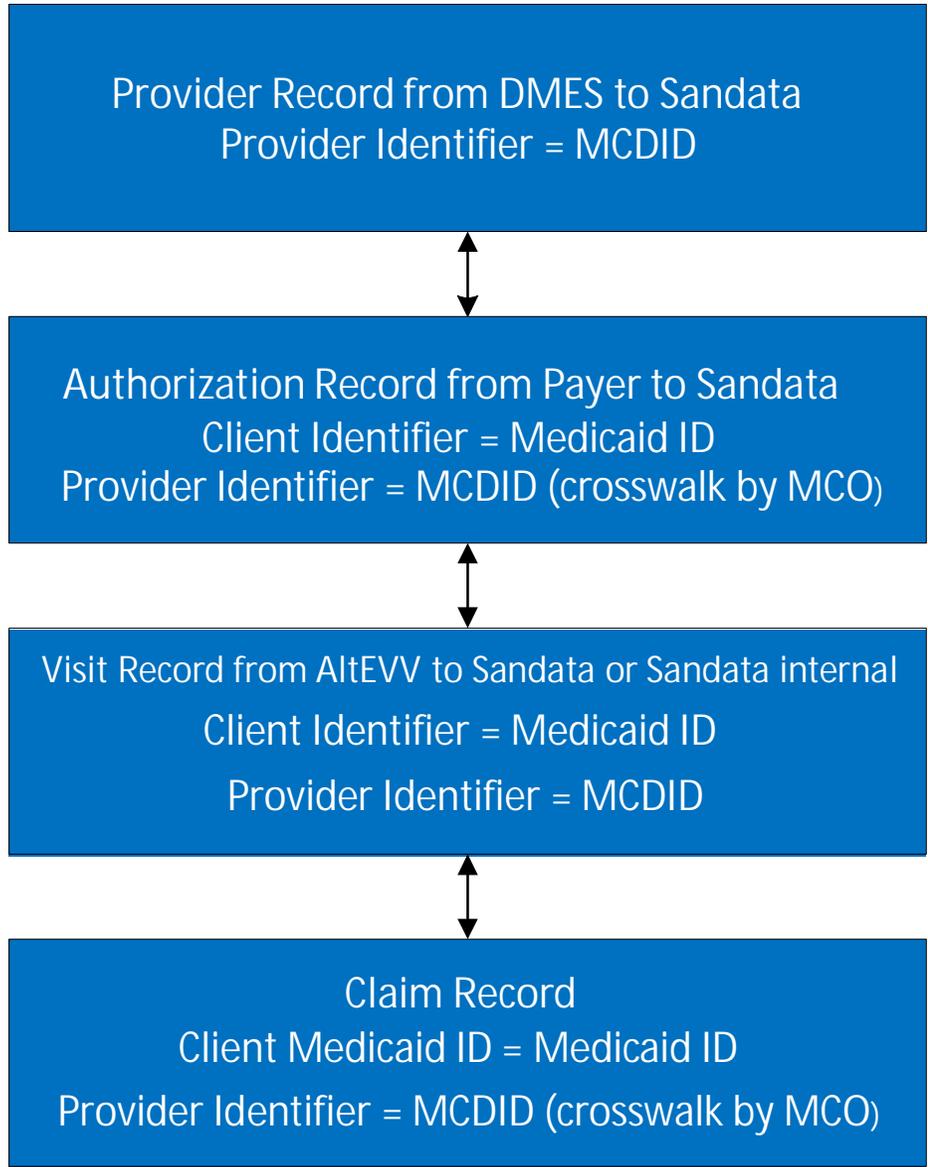
Providers only see clients that have authorizations submitted for the MCDID used to log in.

Authorization Record from Payer to Sandata
Client Identifier = Medicaid ID
Provider Identifier = MCDID (crosswalk by MCO)

The Payer must submit the authorizations under the same MCDID used to record the visit.

Visit Record from AltEVV to Sandata or Sandata internal
Client Identifier = Medicaid ID
Provider Identifier = MCDID

If using an Alt EVV vendor, the Alt EVV vendor must submit visits with the same MCDID as used on the authorization.

Claim Record
Client Medicaid ID = Medicaid ID
Provider Identifier = MCDID (crosswalk by MCO)

The claim must be submitted with the same using the same MCDID as the authorization and the visit.

Getting Started

Getting Started

- All providers who are utilizing an alternate EVV system were required to submit and have approved an alternate EVV user attestation form as soon as possible.

- The form is available at https://dhss.delaware.gov/dhss/dmma/files/evv_system_attest_20240208.pdf

- Email completed forms to DHSS_DMMA_EVV@delaware.gov

Getting Started

- You must complete Sandata training.
  - All providers must complete training as soon as possible.
  - Instructions for training is available at: https://www.dhss.delaware.gov/dhss/dmma/files/evv_de_training_20221221.pdf

Steps for Providers Using Alternate EVV Vendors

Steps for Providers Using Alternate EVV Vendors

1. Use your MCDID to register in the [Sandata EVV Registration Portal](#)
    - Indicate who at the provider agency should receive the production credentials
    - Register all MCDIDs under which you provide services subject to EVV
        - This means that providers with multiple MCDIDs will have multiple Sandata log-ins one for each MCDID
        - Providers who have questions about their MCDID should contact Gainwell Technologies
            - Telephone: 1-800-999-3371, Option 0, then Option 4
            - Email delawarepret@gainwelltechnologies.com
    - Once Sandata receives your registration, they will email your test credentials or a message that your alternate vendor has already been certified. If your alternate vendor is already certified, you can skip to #6

Steps for Providers Using Alternate EVV Vendors

2. Share the test credentials with your alternate EVV vendor
3. Alternate EVV vendor should begin testing with Sandata
4. Once the alternate EVV vendor has "passed" testing, the person at the provider agency identified to receive production credentials will receive an email from Sandata with:
   – Aggregator/production login credentials
   – Link to Aggregator Training
   – Information that needs to be sent to alternate EVV vendor
5. Send the aggregator/production credentials to your alternate EVV vendor as well as any other information.
6. Complete training.
7. Log into the Aggregator.

Steps for Providers Using Alternate EVV Vendors

8. Submit your alternate EVV attestation form to DMMA
   - All providers using an alternate EVV system must complete an attestation form.
   - The form requires signatures from both the provider and the alternate EVV vendor.
   - The form is available at https://dhss.delaware.gov/dhss/dmma/files/evv_system_attest_20240208.pdf.
   - DMMA is tracking the submission of attestation forms and will follow up with providers individually for failure to submit.

Steps for Providers Using Sandata for Visit Collection

Steps for Providers Using Sandata for Visit Collection

1. Register in the Sandata provider self service portal
   - [Sandata EVV Registration Portal](#)
   - Providers will use their MCDID to register
     - When registering, indicate if using Sandata EVV system or an alternate EVV system
     - Providers need to register all MCDIDs under which they provide services subject to EVV
       - Providers with multiple MCDIDs will have multiple Sandata log-ins (one for each MCDID)

   Providers who have questions about their MCDID should contact Gainwell Technologies
   - Telephone: 1-800-999-3371, Option 0, then Option 4
   - Email delawarepret@gainwelltechnologies.com

Steps for Providers Using Sandata for Visit Collection

2. Once registered, Sandata will email you a link to the Sandata LMS site where you can register for training.

- Training-Log in to [Sandata Learn](#).
- Find the videos that align with your job duties.
- Watch the videos.

Please note that training modules are available for all applicable provider staff.

Steps for Providers Using Sandata for Visit Collection

Training Video	Description	Length
Overview	Covers the Sandata EVV agency portal modules, including how to log in and navigation basics.	75 minutes
Data Entry	Covers how to search for, create, edit, and inactivate client and/or employee records.	75 minutes
Visit Maintenance	Covers how to navigate the visit maintenance screens, understand the information on the screen for selected visits, and resolve exceptions that may be linked with a visit.	90 minutes
Visit Capture	Covers the process of calling in/calling out using the mobile visit verification and the telephone to capture visit information.	75 minutes
Scheduling	Covers how visits are scheduled and maintained within the Sandata EVV system.	75 minutes
Group Visits (Agency)	Covers how a caregiver starts and completes a group visit using mobile and telephony visit verification methods.	45 minutes
Group Visits (Caregiver)	Covers how a caregiver completes a group visit using mobile and telephony visit verification methods.	45 minutes

Steps for Providers Using Sandata for Visit Collection

3. Once you complete training, you will receive an email with instructions to download Welcome Kit containing their Prod creds from eTRACK.

4. Determine if you need state-issued devices
   - If yes, Log into eTRACK
   - Click the menu option for "Request Devices" and enter the information, including caregiver information and address for shipping (this can be the provider agency address or caregiver address if desired).
   - If no, DSPs can download the Sandata Mobile Connect app via the Apple or Android store.

Steps for Providers Using Sandata for Visit Collection

5. Set up workers in Sandata system

   – Providers using Sandata for visit collection are required to enter their DSPs.

   – A unique identifier will be assigned to each DSP

   – Providers will need to enter for each DSP

      • The first three letters of the last name

      • Last 4 numbers of SSN

      • DSP e-mail address

   – Please note that the e-mail address is a new requirement and will be used to distinguish workers who have duplicate information

Steps for Providers Using Sandata for Visit Collection

6. Set up schedules in Sandata system (this is an optional feature)

7. Make sure all applicable staff have completed training

Common Pitfalls

- Providers have not registered the MCDID for which the MCOs are sending authorizations
  - All MCDIDs used for services applicable to EVV must be registered with Sandata
  - Many providers have more than one MCDID. DMMA, Mercer, Gainwell and the MCOs have been reaching out to providers to help align

Common Pitfalls

- Providers are aligned to an inappropriate taxonomy
  - NO unskilled provider should be registered with taxonomy 251E00000X or 251J00000X.
  - Unskilled providers should consider using one of the following taxonomies:
    - 253Z00000X—In home supportive care
    - 3747P1801X—Technician personal care attendant (PASA Only)

Common Pitfalls

- It is critical that the MCDIDs registered with Sandata are the same MCDIDs that the Payers are using on prior authorizations
  - The Payers send a PA file to Sandata, and this is the mechanism to match members, providers and Payers
  - In order for a provider to "see" a client in the Sandata aggregator the Payer must have submitted an authorization for that client's Medicaid ID under the MCDID that the provider registered
  - If using a 3rd party EVV solution, visits submitted for clients without authorizations or for clients with the wrong MCDID will receive an error message
- Providers using Alternate EVV vendors must make sure that the vendor is sending visits to the correct MCDID
- Sandata does not submit claims. You must continue sending claims to the appropriate payer

Cures Act DMAP Requirements

Cures Act Requirements

Screening & Enrollment Defined

- Screening means CMS-required activities for enhanced Program Integrity functions to reduce fraud, waste, and abuse in the Delaware Medicaid Program.
  - Screening is required at initial enrollment, reenrollment, revalidation, and when adding or changing service locations.
  - Screening is conducted according to provider risk levels and includes additional disclosure requirements.

- Enrollment refers to the process to complete CMS-required screening for providers participating in Delaware Medicaid.
  - Successful enrollment means the provider is assigned a unique Medicaid identifier (MCD ID) for each taxonomy, NPI, physical practice location combination.

Cures Act Requirements

Who Needs to Enroll?

- Rendering providers –all providers who furnish services or items to Medicaid beneficiaries. Example. Dr. Jones a PCP.

- Billing providers –all providers who bill Medicaid MCOs (individual, organizational, facilities, etc.)

- Non-billing providers –any ordering, referring, prescribing and attending (ORPA) provider of services or items to Medicaid beneficiaries.

Cures Act Requirements

DMAP Enrollment Information

How to Prepare for Enrollment

- Identify each active taxonomy used by billing and rendering providers of services to Medicaid beneficiaries

- Identify each service location where the provider furnishes services to Medicaid beneficiaries

- Confirm the ordering, referring, prescribing and attending providers are aware of the requirement to enroll in DMAP

- Confirm you have information required for DMAP application

- Enrollment Information

▶ Application (this enrollment)

▶ Tax ID Card/Assignment Letter (include as attachment)

▶ Provider Contract (noted on Agreement page)

▶ Business, Professional License, and/or Board Certification (include as attachment)

▶ Collaborative Agreement (Nurse Practitioner) (include as attachment)

▶ Drug Enforcement Administration (DEA) License, if applicable (include as attachment)

▶ Disclosure of Ownership and Control Interest Statement (entered on Disclosure page)

▶ Electronic Funds Transfer (EFT) Form (entered on EFT page)

▶ Electronic Remittance Advice (RA) Agreement (entered on ERA page)

▶ Delaware Title XIX Electronic Claim Submission Form (include as attachment)

▶ Institutional Fee or Hardship Payment Letter (include as attachment)

▶ Medicare Certification or Enrollment in another Medicaid State (include as attachment)

▶ Home Health Agency providers must successfully enroll in Medicare prior to enrolling with DMAP.

▶ DME providers must successfully enroll in Medicare prior to submitting this DMAP enrollment application.

▶ Verification of enrollment and or certification with Medicare or another State's Medicaid Program (or) CHIP.

▶ NPPES denial notification if provider does not qualify for NPI (include as attachment).

Cures Act Requirements

How to Enroll & Register

- To register and enroll, a provider should use the [DMAP How-to and FAQ guides](#) which have step by step instructions.
  - DMAP Provider Screening & Enrollment FAQs
  - How To: Enrollment Guide for Current In-Network Managed Care Organization (MCO) Providers *(Providers who received MCO claims payment prior to January 2022)*
  - How-To: Complete a New Managed Care Organization-Only Provider (MCOP) Enrollment Application (*Providers who received first MCO claims payment after January 2022)*
  - How-To: Submit a RESET Request for an Application Tracking Number—Managed Care Organization-Only (MCOP) Enrollment *(Providers who submitted an application it was denied, application was not processed because it was not completed on time OR providers who need to register a location that was unregistered)*

- Gainwell is available to walk a provider through questions relating to the enrollment and application process. See Resources slide for contact information.

Cures Act Requirements

Registration Tips (New MCOP Enrollment Application)

How-To Enrollment Guide for New MCO Network Providers):

- New provider in Delaware (never received MCO claims payment OR first time received MCO claims payment is after January 2022)
- Existing MCO provider (received MCO claims payment prior to January 2022) who has a new service location or taxonomy that is not in DMAP.
- To check if new location or taxonomy is IN DMAP, search the *MCO Only Provider Enrollment Application* for the new NPI, taxonomy and service location combination. If there are no results, submit the New MCOP Enrollment Application.

Cures Act Requirements

Registration Tips (Dual FFS and MCOP Enrollment and Change of Ownership)

- <u>DUAL Enrollment</u>
  - If providers will be billing FFS and MCOs for the same NPI, taxonomy and service location, providers should first submit an enrollment for FFS. In this instance, providers will not need to submit a separate MCO application because that will create duplicate MCD IDs.
  - The DMAP Provider Portal has instructions for enrolling as a Fee For Service Provider.

- <u>MCO Provider Change of Ownership Process</u>
  - DO NOT complete a New MCO Provider Only application for a change of ownership.
  - DO log into the DMAP portal and submit an updated disclosure statement.

Cures Act Requirements

Registration Tips (Duplicate Service Location, NPI and Taxonomy combination)

- There should not be any duplicate addresses for the same NPI, taxonomy and service location.
- If the DMAP portal displays more than 1 MCD ID for the same service location and taxonomy, providers will need to unregister the duplicate address.

Cures Act Requirements

Registration Tips (ATNs)

- An Application Tracking Number (ATN) is generated following the completion of an enrollment application and creation of a password. You should print and save the ATN so you can revise a submitted application.

- Instead of submitting a new application, RESET your ATN IF:
  - you submitted an application and it was denied;
  - your application was not processed because you did not complete it on time; OR
  - you need to register a location that was unregistered.

Resource Information

Provider Forums

- DMMA has scheduled every other month provider forums.
- Sign up for our EVV list serve to receive announcements.
- The schedule along with the link for registration will be sent to the EVV list serve as well as posted on the DMMA EVV webpage.

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

Q&A/Wrap Up