State of Delaware, Division of Medicaid and Medical Assistance (DMMA)
Electronic Visit Verification

Provider Frequently Asked Questions

Attention: The new go-live date for Delaware EVV is July 1, 2021.

Electronic Visit Verification (EVV) Model

Q:	1. What model (Open, State-Mandated, etc.) is Delaware implementing, and has a vendor been selected?
A:	DMMA has selected the open model for its EVV system. Fiserv (formerly First Data) was selected through a competitive procurement process as the State's EVV vendor.

Q:	2. We have our own EVV system—can we continue to use it? Do we have to integrate with the State's system?
A:	Yes, because DMMA has selected the open model for its EVV system, you may continue to use your current system. Starting on January 1, 2021 you must begin to collect EVV visit data; on July 1, 2021 providers with third party EVV solutions must submit visit data to the aggregator. Providers using a third party system are required to meet DMMA prescribed requirements for third party systems. Additional information about these requirements can be found on the DMMA website. https://dhss.delaware.gov/dhss/dmma/info_stats.html

Q:	3. Am I required to use EVV?
A:	Yes, providers who provide services that are subject to EVV are required to have an EVV solution in place as of July 1, 2021. Providers may either use their own EVV solution as long as it meets state and federal requirements or they may use the State's solution, AuthentiCare.

Services

Q:	4. Are behavior analysis (ABA services) required to use EVV?
A:	No, ABA services are not subject to EVV.

Q:	5. Will a list of service codes subject to EVV be available and where can this be found?
A:	A list of services subject to EVV can be found on our website. https://dhss.delaware.gov/dhss/dmma/files/evv_service_codes.pdf

Q:	6. Are social workers and dieticians who make home visits subject to EVV?
A:	No, social work and dietetic services are not subject to EVV.

Q:	7. Is Private Duty Nursing (PDN) provided in a school setting subject to EVV?
A:	No, since the place of service is outside of the home, these visits are not subject to EVV.

Timeline

Q:	8. When is the implementation and go-live date for Delaware/providers?
A:	The implementation date and the go-live date is July 1, 2021. EVV for both personal care and Home Health Services will be implemented on this date.

Q:	9. Please confirm timeline. I see the January 1, 2021 target date, but asking if there are any milestone dates prior to then?
A:	The go-live date in July 1, 2021. A timeline of milestones can be found on our website. https://dhss.delaware.gov/dhss/dmma/info_stats.html

Q:	10. Can you confirm that you are conducting a soft launch?
A:	A soft launch is targeted for May 2021.

Q:	11. Given the tight timeframe, why are home health and private duty nursing services included when they are not required to be validated until January 1, 2023?
A:	Given the overlap in service provision (personal care/home health) among providers, DMMA determined it would be best to implement EVV for all services at the same time. From a system perspective, there is no additional burden in implementing all services at once. Additionally, we committed to this timeline in our approved CMS Advanced Planning document.

Q:	12. If January 1, 2021 is a hard deadline, is it possible that integration can phase in after January 1, 2021?
A:	DMMA has committed to a new go-live date of July 1, 2021 with CMS. In order to avoid further penalty, a phased in approach is not possible.

EVV Process Requirements

Q:	13. Can I get a copy of the specifications for the EVV requirements?
A:	The CMS requirements for EVV can be found here.

Q:	14. Is there a claims denial date set yet?
A:	DMMA plans to edit claims against visit data beginning on January 1, 2022. This means that if a claim is submitted for a service that is subject to EVV and no corresponding visits data can be matched to it, the claims will be denied. DMMA strongly encourages providers to move forward with EVV arrangements (either a third party system or AuthentiCare) to insure no disruption in claims payment.

Q:	15. You indicated that on January 1, 2022 claims would begin to edit against visit data. Will this include claims for dates of service before January 1, 2022?
A:	No, claims edits against visit data will be for dates of service starting January 1, 2022 and forward.

Q:	16. Please confirm how EVV data may/will be used by the State, DMMA, and MCOs.
A:	EVV data will be used by the State and MCOs to validate claims and ensure Medicaid beneficiaries are receiving the services they are authorized to receive. Data will also be used for reporting purposes to CMS as required by the CMS EVV certification process.

Q:	17. Does the mobile application include map functionality in order to get directions, e.g., to the individual's home?
A:	No, this functionality is not available through the AuthentiCare application. State-issued devices will include the AuthentiCare application and 911 capabilities only.

Q:	18. What is considered a qualified EVV visit for DMMA and MCOs?
A:	Qualified EVV visits are those visits for the services identified by DMMA as being subject to EVV. The list of services subject to EVV can be found on our website. https://dhss.delaware.gov/dhss/dmma/files/evv_service_codes.pdf

Q:	19. What impact, if any, to claims payment will a missed clock in, clock out, no signature errors be with DMMA and MCOs? Will claims submitted without a matching EVV visit be paid?
A:	At go-live, EVV data will not be used as part of the claims adjudication process. Rather, the data will be used as part of post-payment review processes. Provider agencies can edit and update any missed clock-ins and clock-outs through the EVV web portal. Please note as indicated in question #14, DMMA intends to begin editing claims against visit data as of January 1, 2022. This means that after January 1, 2022, claims that cannot be validated with corresponding EVV visit data will be denied.

Q:	20. Are web-based electronic timesheets with dual verification a permissible form of EVV?
A:	No. Web-based timesheets alone do not provide the State with auditable confirmation of the data entered by the provider and approved by the individual. Consequently, such a system would not be sufficient for electronically verifying the six data elements required by section 1903(l) (5) (A) of the Act for PCS or HHCS services rendered during an in-home visit.

Q:	21. What happens if a worker makes a mistake while entering visit information? Can mistakes be corrected?
A:	Yes, providers are able to enter missing visit information and correct mistakes via the EVV web portal. Providers will receive notifications in near real-time of missing or incomplete visit data if they choose. In addition, providers can run reports which show missing visit information.

Q:	22. What happens if an individual is unable to sign at the end of the DSW shift? For example, the individual is asleep.
A:	Signature by the individual of their designated representative is not mandatory for the submission of the visit. In the AuthentiCare mobile application the direct service worker (DSW) can indicate that the individual/designated representative is unable to sign and indicate a reason why. DMMA will provide written guidance around acceptable reasons why an individual/designated representative is unable to sign.

Q:	23. What is the protocol for collecting EVV data on a service that requires a Primary denial? Commercial payers do not require EVV.
A:	Visits where Medicare or another insurance is the primary payer, even if they are not paying in full, are not subject to EVV and should not be entered into AuthentiCare. Claims for these visits **will not** include the CG informational modifier. Visits for services that the primary payer does not cover or denies, where Medicaid will be paying for service are subject to EVV and should be entered into the EVV system.

Q:	24. What are the acceptable methods for collection of signatures?
A:	For providers who are using the AuthentiCare mobile application the signature is collected on the mobile device. For providers using the AuthentiCare IVR the signature will be collected via a voice attestation.

Q:	25. If a prior authorization is not present in AuthentiCare, will the visit be rejected?
A:	For providers using the AuthentiCare EVV solution, a visit cannot be recorded unless a prior authorization is present. Meaning the system is designed in such a way that a prior authorization must be present in order for the worker to be able to sign into the system to record a visit. For providers who are sending their visit data to the aggregator, an authorization must exist in the system.

Q:	26. Has there been an acceptable Geo Fencing distance determined by Delaware for proximity requirements?
A:	Yes, for provider using AuthentiCare as their EVV solution the geo-fencing parameter is 1/8 of a mile. Please note that visits **are not** prevented from going outside of the geo-fence. Meaning for providers using AuthentiCare as their EVV solution, a visit is not required to begin/end in the home. However, it is recommended that the DSW indicates via notes within the AuthentiCare mobile application why a visit began/ended outside of the home. If using the IVR, the provider will annotate on the visit the reason.

Q:	27. Will schedules have to be populated first and then matched, or just completed visits?
A:	The use of schedules within AuthentiCare is optional. If a provider chooses to enter a schedule into AuthentiCare they will be notified of late (30 minutes after scheduled start time) and missed visits (60 minutes after scheduled start time).

Q:	28. Has DHSS made a determination as to whether caregivers living in the home of the service recipient will be required to report via EVV?
A:	Visits provided by caregivers paid by Medicaid who reside with the individual are not subject to EVV.

Q:	29. Are all personal care and home health visits subject to EVV?
A:	a. Under the following circumstances, visits for services that are normally subject to EVV will not be subject to EVV: i. Services provided exclusively in a location outside of the home (e.g., school) ii. Services provided out of state iii. Services provided as part of the hospice benefit when the individual is enrolled in Hospice iv. Services provided by a paid caregiver who lives with the individual v. Services provided to a newborn who does not yet have their own Medicaid ID number In these cases, providers must include the **CG** modifier on these claims in order to identify that although the service code is subject to EVV, it is exempt due to one of the reasons above. These visits are not to be entered into the EVV system.

Q:	30. How will the State distinguish claims for visits that are typically subject to EVV but are performed by live-in caregivers?
A:	In order to mark claims that are not subject to EVV, a new modifier is being introduced. The **CG** modifier is an informational modifier that will be put on claims for procedure codes that are subject to EVV, but where the visit for one of the reasons stated above is not required to be validated by EVV.

Q:	31. Some members receive services from both a DSW who live with them and a DSW who comes in from outside of the home. In this case how is the CG modifier used?
A:	The CG is only used for claims for visits that are not subject to EVV. In this case, the CG modifier would be used for claims for those DSWs who live with the member, claims for services provided by DSWs who come in from outside of the home would not include the CG modifier.

Q:	32. What if a member receives services from a DSW who lives with them and a DSW who comes into the home on the same date of service? Will there be an issue with the claim being denied as a duplicate.
A:	No, the provider needs to put the visits on two separate claim lines and include the CG modifier on the claim line for the visit performed by the DSW who lives with the member.

Q:	33. How is GPS captured if a DSW has no cell service?
A:	In AuthentiCare, GPS is captured via satellite.

Q:	34. Will claims be submitted through the system or will claims be handled outside the system?
A:	At go-live July 1, 2021, providers will continue to submit claims using the same methods they do today. It is anticipated that sometime in October 2021, providers who are using AuthentiCare as their EVV solution may choose to have AuthentiCare create claims from their visit data.

Q:	35. May providers who use a third party EVV solution still have AuthentiCare create their claims?
A:	No, only providers using AuthentiCare as their EVV solution can have their claims generated out of AuthentiCare.

Q:	36. Should providers wait to upload data until after the claim is paid or denied?
A:	No, visit data from third party EVV systems can be uploaded at any time. The uploading of visit data is not dependent on claims submission.

Q:	37. Can only a member's home (landline) phone be used with the IVR?
A:	No, the IVR may be used with either a member's home (landline) or cellphone.

Q:	38. Can you please explain the rounding rules and how they will be used?
A:	For visits collected in AuthentiCare the following rounding rules apply to duration: Visits for services where unit of service is 15 minutes 1 unit 1 minute to 23 minutes 2 units 24 minutes to 38 minutes 3 units 39 minutes to 53 minutes 4 units 54 minutes to 68 minutes 5 units 69 minutes to 83 minutes 6 units 84 minutes to 98 minutes 7 units 99 minutes to 113 minutes 8 units 114 minutes to 128 minutes Visits for services where unit of service is 1 hour 1 unit 0-60 minutes 2 units 61-120 minutes 3 units 121-180 minutes 4 units 181-240

Q:	39. Do the rounding rules in AuthentiCare impact rounding for claims submission?
A:	The rounding rules effect the quantity of units that are then billed on claims.

Q:	40. DMMA has indicated that providers using the AuthentiCare solution can have no more than 10% of their visits manually entered. Can you please explain how this calculated?
A:	The 10% is calculated based on the sum of all of the provider visits. This does not include any visits where there were errors and the provider was required to make a manual correction.

Q:	41. We cover Sussex County and there are many spots with no cell coverage and many clients do not have home phones. What do we do in that case?
A:	For providers who are using the AuthentiCare solution, the AuthentiCare application has offline store and forward functionality. This means the visit data is collected at the time of the service and uploaded automatically once internet connectivity is established.

Q:	42. We provide services to children who receive services provided by the same DSW in the home and outside of the home, e.g., school during the same visit. How should these visits be treated?
A:	In cases where a member receives services both in the home and outside of the home during the same visit by the same DSW, this visit would be entered like any other visit. For example, part of the visit is at home and part of the visit at school, or some other community location such as a store, families home, etc. In this scenario the visit start and end times would be entered as they normally would. This means the DSW should enter the start/end time of the visit regardless of their location at the start and end times. As indicated previously for users of AuthentiCare, the system will allow this even though start/end times may be outside of the geo-fence.

Q:	43. How should visits that span two days be treated in EVV? For example, DSW arrives to provide T1019 Waiver Personal Care at 9:00 pm and departs at 6:00 am.
A:	For visits that occur overnight and span two days, the visit should be broken up into two different dates of service on two different claim lines. For example:

1/4/2021	T1019	12 units
1/5/2021	T1000 CG	24 units

Q:	44. Sometimes MCOs provide an increase in authorization retroactively, thereby allowing a member to submit hours for prior dates of service. The retroactively authorized increase in services would have to be processed as a manual adjustment. Will a reason for the late date of services (DOS)/manual entry be able to be specified at the aggregator level? What safeguards would be in place to ensure the provider will not be penalized for a manual adjustment that was outside of its control?
A:	The visit will be recorded as manual entry. There is the ability to provide notes on the visits consumed through the aggregator as well.

Q:	45. There may be cases were a claim is for less service level than what was reported to the aggregator. For instance, cases in which it is determined that visits were reported while the participant was hospitalized or out of state would result in claiming for less than what was reported to the provider and eventually to the aggregator. In cases where the claim is for less than the services reported, is there an expectation that the provider will need to supply reasons for the discrepancy (if able to do so via the aggregator)?
A:	The data submitted to the Aggregator for consumption into AuthentiCare will be the actual visit data when services occurred. While we do have the task to match back up adjudication information to the visit, the billed amounts do not have to match.

Devices

Q:	46. Is there a cost to providers for State-provided devices?
A:	No, there is no cost to providers for the use of a State-issued device.

Q:	47. Who covers the cost of the data plan for State-provided devices?
A:	DMMA will cover the cost of the data plan required to operate the AuthentiCare application on State-issued devices.

Q:	48. Can providers who utilize their own EVV systems receive State-provided devices?
A:	No, State-issued devices are only available to providers who use the AuthentiCare application for visit verification and who do not have a device to use for visit verification. DMMA is implementing the bring your own device (BYOD) model whereby Direct Service Workers (DSWs) who have their own device are encouraged to download for free the AuthentiCare application on their personal device. The application can be used on a smart phone or tablet.

Q:	49. How many devices will each agency receive and who is responsible for any damage?
A:	Providers will receive a device for each DSW that needs one. DMMA and Fiserv are currently developing a process for the replacement of damaged or lost State-issued devices.

Q:	50. Funding was planned for provider use of AuthentiCare software along with smart devices. What financial accommodation can be made for providers who prepared for EVV in advance by acquiring software and implementing EVV already?
A:	Unfortunately, no additional funding can be made to providers who have already invested in software and devices.

Q:	51. I am using AuthentiCare as my EVV solution and need devices. Whom should I contact about this?
A:	Providers needing State-issued devices must indicate this need on the EVV survey. https://www.surveymonkey.com/r/HMJ5NWN Fiserv will contact the provider to determine: • Final device count needed • Shipping address for devices. Note: all devices will be shipped to one address, one person • Person to whom the shipment will be directed (i.e., attn. line on the shipment)

Q:	52. I am having a problem with my State-issued device. What do I do?
A:	Providers should call the AuthentiCare call center at 1-800-542-4121 if they have problems with their State-issued device. Call center staff will work with the provider to troubleshoot the issue. If a replacement device is needed, instructions will be provided to ship a replacement device and return the defective/broken device. Providers may also receive assistance through the AuthentiCare email box: authenticare.support@fiserv.com. If you utilize the email box, be sure to indicate that you are a Delaware user.

Third Party EVV Systems

Q:	53. How do we upload our visit data to the data aggregator?
A:	Providers have several options to electronically send their visit data to the data aggregator. These include web portal, SFTP or Web Services Data Transfer API. No matter the method of upload, the AuthentiCare File Layout Designer must be used to develop a template for your file.

Q:	54. Do we have the option of using another aggregator?
A:	Providers have the option of using their own EVV systems; however, visit data must be sent to the Fiserv data aggregator.

Q:	55. Can you share specifications for EVV interface to Fiserv in Delaware?
A:	Providers who indicated via their provider survey that they will be using a third party EVV system will receive the aggregator tool kit that contains interface specifications.

Q:	56. For agencies using their own scheduling/EVV system, is our data to be interfaced into the aggregator or are they to use the AuthentiCare application?
A:	Providers using their own EVV systems will not use the AuthentiCare application. Their data will be sent from their EVV system to the Fiserv data aggregator.

Q:	57. Providers who opt not to use AuthentiCare, who have already invested in their own EVV software, need information and instruction immediately.
A:	Providers who indicated via their provider survey that they will be using a third party EVV system will receive the aggregator tool kit that contains interface specifications.

Q:	58. I thought I wanted to continue to use my own system, but now have decided I want to use AuthentiCare. Can I do this?
A:	Yes, providers who have their own EVV systems may switch to AuthentiCare at any time. Please be aware that the there is some time involved with training and onboarding to AuthentiCare, so depending on when the provider notifies DMMA/Fiserv of this decision this switch may or may not take place prior to go-live.

Q:	59. Does the Multi File Transfer (MFT) Questionnaire have any relevance to using the File Layout Designer?
A:	No, the MFT Questionnaire only needs to be completed by those providers who are using third party EVV systems who choose to upload their visit data via SFTP.

Q:	60. Will you have APIs back to providers or third party EVV systems so that we can ensure the data we send you passes all validations and does not require any exception clearing in Fiserv?
A:	Providers will be notified of the results of their upload of visit data. If there are errors/exceptions, the provider will need to go into the AuthentiCare solution to correct those. They will be visible to the provider on their dashboard.

Q:	61. Will there be that confirmation so we can know that data has been received and does not need to be re-transmitted?
A:	Providers will be notified of the results of their upload of visit data. If there are errors/exceptions, the provider will need to go into the AuthentiCare solution to correct those. They will be visible to the provider on their dashboard.

Q:	62. Is there a portal for agencies using third party EVV systems to be able to view what is or is not accepted or has exceptions?
A:	Yes, providers are able to see their visit exceptions on their dashboard. Corrections to visits are made within the AuthentiCare system.

Q:	63. Can Fiserv provide a list of third party systems that they have integrated with in other states?
A:	• Sandata • Celltrak • Carecenta • ClearCare • Therap • DCI/Acumen • Core • MITC

Q:	64. Are third party EVV systems required to use the same rounding rules for visits as are being used in AuthentiCare?
A:	No, the rounding rules are only for visits being captured in AuthentiCare.

Q:	65. Is the claim number still required as part of the file specifications for uploading EVV data?
A:	No, the claim number is not needed as part of the visit data upload file.

Q:	66. Should claims be submitted before or after visit data is uploaded to the aggregator?
A:	At go live, the timing of claims submission and visit data uploaded are not related.

Q:	67. How should visits subject to EVV look on a claim? I have heard we can no longer bill for a week of visits on the same claim line, is this correct?
A:	Starting July 1, 2021, providers who are submitting claims for services subject to EVV must put each day on a separate claim line. For example, if a provider conducted EVV covered visits daily from Monday to Friday, each DOS must appear on a separate line. The five visits can be on the same claim, but each DOS must be on a separate line. Providers may no longer span visits onto the same claims line. Beginning October 1, 2021, claims for services subject to EVV that are not submitted in this format will be denied.

Q:	68. If a provider provides multiple shifts to the same members on the same date of service, can the visits be rolled up into a single claim line?
A:	Yes, in this scenario, multiple visits subject to EVV can be rolled up into the same claim line for the same date of service.

Q:	69. In the visit file specifications, the billed unit's field does not allow for decimals. How should services billed in 15 minutes be reflected?
A:	15 minutes=1 unit. For example, a visit that was 2.25 hours long would be 9 units.

Training

Q:	70. Will provider training be separated by those who are using AuthentiCare and those using their own EVV systems?
A:	Yes. Providers who are using AuthentiCare as their EVV solution will have their own training that will consist of two components: 1. One component will be train-the-trainer sessions where provider trainers will learn how to use and teach their DSWs how to use the AuthentiCare Application, IVR and web application to collect visit data. 2. The second component is for provider staff who will be using the scheduling component, clearing exceptions (mistakes) and running reports. Information about the training will be posted on the DMMA website including dates/time as well as sign up information.

Q:	71. When will the toolkits for providers who are using their own system be available?
A:	Providers who are using their own EVV system must be sure to complete the provider survey in order for DMMA/Fiserv to be aware of your intent to use your own system. Once we are aware of this, you will be sent a tool kit that will contain information about how your data must be sent to the EVV data aggregator. Fiserv's technical team will work directly with you to insure you have the information you need.

Q:	72. Can you please clarify when training for providers who have their own EVV systems will take place?
A:	Providers who completed a provider survey and who indicated they are using a third party EVV solution were sent their Aggregator tool kit. If you have not completed a provider survey and intend to use a third party solution, please complete the provider survey as soon as possible. The provider survey can be found on the DMMA website (link is below). Information on how to sign up for training can be found on the DMMA website. https://dhss.delaware.gov/dhss/dmma/info_stats.html

Miscellaneous

Q:	73. Can you please clarify how the penalty for non-compliance is leveraged? I have heard some states penalizing providers for non-compliance.
A:	Federal penalties for failure to implement EVV for personal care services by January 1, 2021 are leveraged at the state (not provider) level. Penalties are applied per personal care authority. For example, if personal care in a 1915c waiver is implemented by January 1, 2021, but personal care in an 1115 waiver is not, the penalty would be applied only to the 1115 waiver. Some states have chosen to penalize providers for failure to comply with state EVV requirements. DMMA is still developing its policy in this area.

Q:	74. Is completion of the EVV Provider survey mandatory?
A:	No; however, all providers are strongly encourage to complete. The survey is short and provides Fiserv with vital information regarding a provider's current use of an EVV system as well as a provider's need for State-issued devices. Providers who do not complete the survey risk not receiving State-issued devices and/or important information about the use of the data aggregator prior to go-live.

Q:	75. Has CMS been asked if they will consider an extension of EVV due to COVID?
A:	Yes, the National Association of Medicaid Directors along with the National Association of State Directors of Developmental Disabilities Services and ADvancing States sent a letter to Congress requesting a delay in the deadline for implementing EVV. To date, there has been no change to the deadline. Federal legislation is needed to extend the deadline.

Q:	76. Can the frequency of Provider Forums and Steering Committee Meetings be increased?
A:	DMMA has adjusted the schedule for provider forums. These will now occur every other week. A schedule of meetings is posted on our website. The Steering Committee will remain monthly, but we have increased the duration of the meetings from 60 to 90 minutes. https://dhss.delaware.gov/dhss/dmma/info_stats.html

Q:	77. What are KPIs?
A:	KPI stands for Key Performance Indicator. As part of the CMS EVV certification process, DMMA is required to report on key performance indicators related to the operations and performance of its EVV system. Information regarding DMMA's KPIs will be posted on the EVV website as soon as it is finalized. More general information about KPIs and the CMS Outcomes Based Certification process can be found at https://www.medicaid.gov/medicaid/data-systems/outcomes-based-certification/electronic-visit-verification-certification/index.html.

Q:	78. What is an FMSA?
A:	An FSMA is a financial management services agency. They support individuals who choose to self-direct their services. There are two FMSAs for the DSHP-Plus program, Easter Seals and JEVS. The FMSA for the Lifespan waiver is Consumer Direct Care Network Delaware.

Q:	79. Can you please provide the DMMA EVV email box address?
A:	Questions or comments regarding EVV may be submitted to DHSS_DMMA_EVV@delaware.gov.

Q:	80. How should changes in member demographic information be communicated?
A:	If a member's demographic information (address, phone number, etc.) changes the member should call the DSS change report center at (302) 571-4900 or report through the ASSIST website https://assist.dhss.delaware.gov/ by clicking on "Report a Change" link. The updated information will then be sent to AuthentiCare and the MCOs via a regular exchange.

Q:	81. The AuthentiCare worker file layout used by providers to upload DSW information includes phone and email addresses of individual DSWs as mandatory fields. Can you please explain why this information is needed?
A:	This information is needed for password resets for providers who are using AuthentiCare as their EVV solution. For providers using third party EVV systems, this information could be a corporate email and phone number.

Questions or comments regarding EVV may be submitted to the EVV email box at DHSS_DMMA_EVV@delaware.gov.