



EVV Provider Forum

December 10, 2020

Delaware Division of Medicaid and Medical Services

Today's Agenda

Welcome

EVV Requirements

Visit Scenarios

Aggregator Discussion

Q & A

EVV Requirements

Claims

- Beginning 1/1/21:
 - Providers submitting claims for EVV covered services must put each day of service on a separate claim line
 - Providers may no longer have a span of dates with total units of service for that date span on a single claim
 - For example, if a provider conducted EVV covered visits daily from Monday to Friday, each date of service must appear on a separate line. The five visits can be on the same claim, but each date of service must be on a separate line.

EVV Requirements

Claims

- Example of span billing versus daily billing

SPAN BILLING			
DATE	CODE	VISITS	COST
1/4/2021 to 1/8/2021	T1019	5	\$150.00

DAILY BILLING			
DATE	CODE	VISITS	COST
1/4/2021	T1019	1	\$30.00
1/5/2021	T1019	1	\$30.00
1/6/2021	T1019	1	\$30.00
1/7/2021	T1019	1	\$30.00
1/8/2021	T1019	1	\$30.00

EVV Requirements

Claims

- As of 1/1/21, claims submitted with span billing will continue to be paid.
- Beginning 4/1/21, claims for services subject to EVV with span billing will be denied.

EVV Requirements

Claims

- Beginning late in the first quarter of 2021 (i.e., March 2021), providers who are using AuthentiCare as their EVV solution may choose to have claims created and submitted from their visit data.
- This option is only available to providers who are using AuthentiCare as their EVV solution.

EVV Requirements

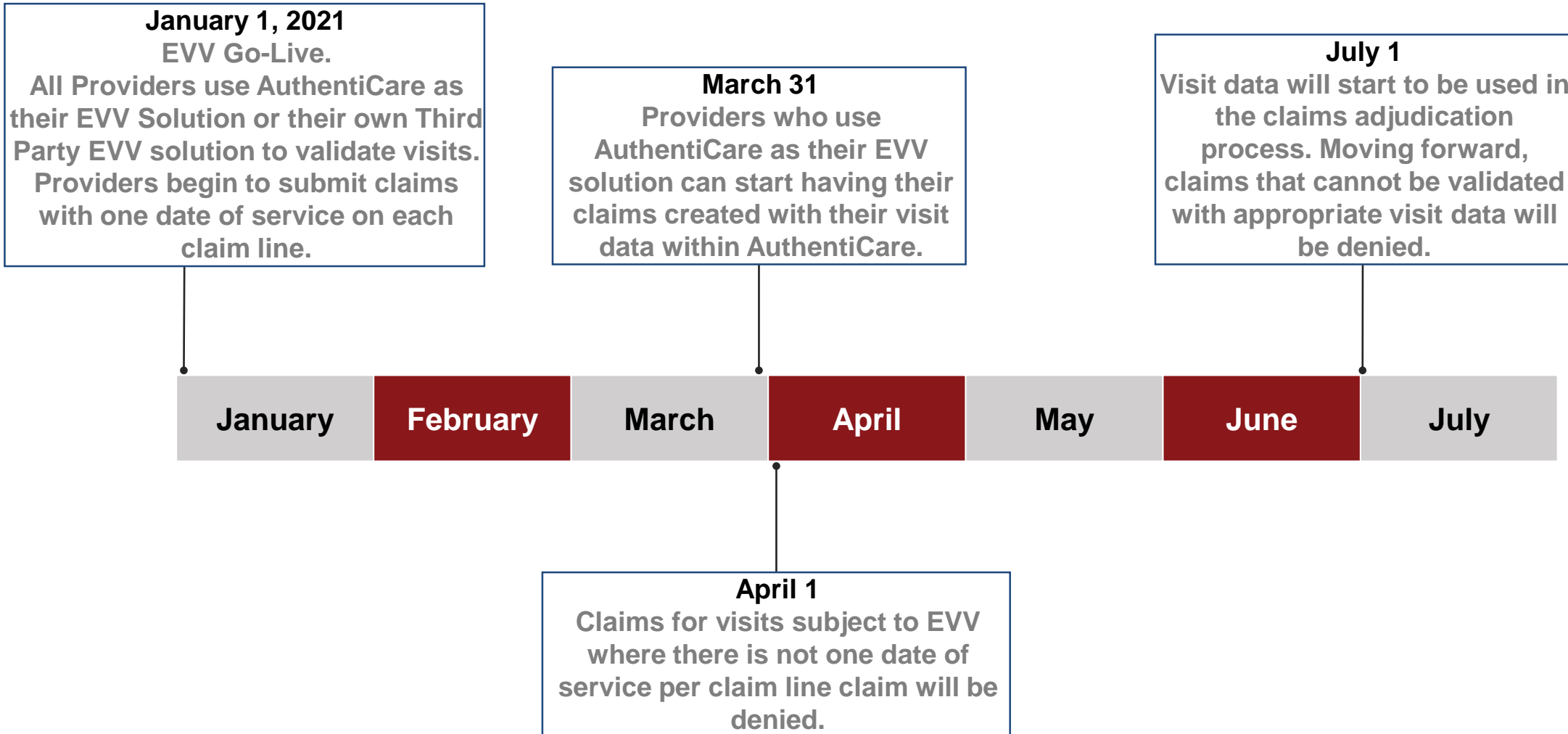
Claims

- Beginning 7/1/21, the State will begin to use EVV visit data as part of the claims adjudication process.
 - This means if a provider submits a claim for services subject to EVV and the claim cannot be matched to the appropriate EVV visit data, the claim will be denied.

EVV Post Go-Live Timeline



Delaware Health and
Social Services



EVV Process Requirements

- Only services where Medicaid is the primary payer are subject to EVV. This means that services where Medicare or another payer are primary are not subject to EVV.
- 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.
- Visits for services that the primary payer does not cover or denies, and where Medicaid will be paying for service, are subject to EVV and should be entered into the EVV system.

Visit Scenarios Updated

- In cases where a member receives services both in the home and outside of the home during the same visit by the same direct service worker (DSW) the 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.

Visit Scenarios

- 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: DSW arrives to provide T1019 Waiver Personal care at 9:00 pm and departs at 6:00 am. The claim should look as follows:

DATE	CODE	UNITS
1/4/2021	T1019	12 units
1/5/2021	T1019	24 units

Aggregator Items for Discussion

- MCDID vs AuthentiCare Provider ID
- Prior Authorization Number is now optional on uploaded files
- System Credentials

Q&A / Wrap-up

