



# EVV Provider Forum

May 29, 2024

Delaware Division of Medicaid and Medical Services

# Agenda

Welcome and Introductions

Project Updates

MCO Presentations (Matching Visits to Claims)

Q & A

# Project Updates

- EVV Statistics as of May 2024
  - 867,587 visits submitted
  - 137 unique MCDIDs registered
  - 69 MCDIDs actively using system

# Project Updates

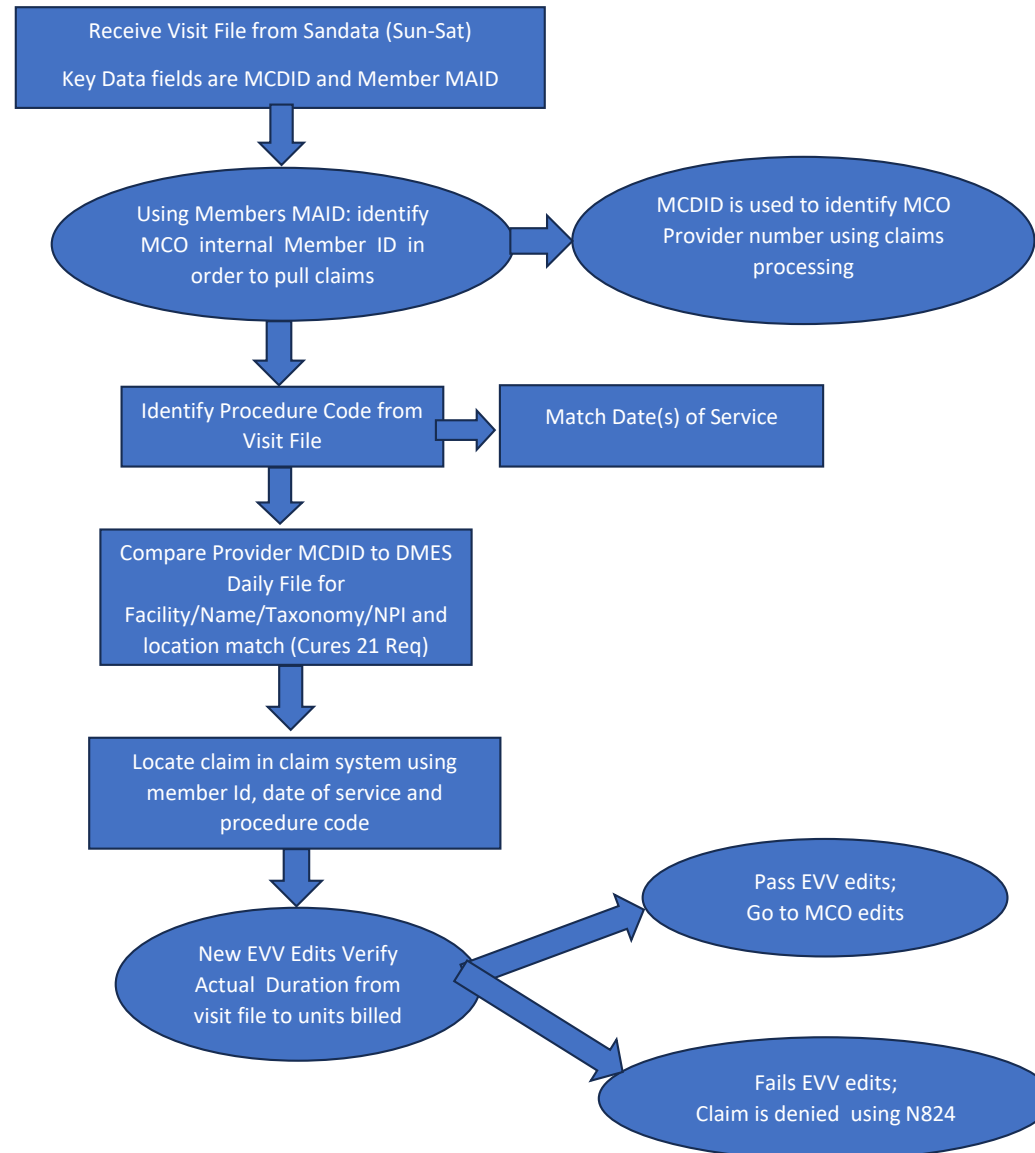
- A significant number of payer/program/procedure code/modifier combinations were added to the Sandata system on May 22<sup>nd</sup>.
  - This should result in increased matching of visits to prior authorizations.
- The Alt EVV vendor file specification's will be updated to reflect these new combinations.
  - The updated file specs will be posted on the State's EVV web page and sent to the EVV listserv.

# MCO EVV Claims Processing Overview

Post Adjudication Target October 1, 2024

Pre-adjudication Target January 1, 2025

# High Level Process Overview



# EVV Standard Denial Codes

- **N824 – Electronic Visit Verification (EVV) data must be submitted through EVV Vendor**
- N818 – Claims Dates of Service do not match Electronic Visit Verification System
- N819 – Patient not enrolled in Electronic Visit Verification System
- N821 – Electronic Visit Verification System visit not found
- N890 – Electronic Visit Verification Data Element Requirements were not met

# Key Project Milestones

- MCO delivers Prior Authorizations to Sandata September 2022
- Go-live December 2022: Providers begin submitting visit data
- Sandata visit data warehouse file (DWF) extracts are available for post adjudication review in May 2024
- MCOs begin testing files and establishing automation requirements
- Additional Program/Procedure code/Modifier are added to Sandata to reduce authorization rejections May 2024
- Post adjudication warning messages anticipated to begin October 2024
- Pre-adjudication denials will begin in January 2025



# EVV Challenges

- Complex processes
- Matching data from State, MCO, Provider/Aggregator & Sandata required
- Dependent on consistent processes that are new for providers
  - Billing practices
  - Over midnight visits
  - Rounding rules
- Provider adoption has been slow
- 21<sup>st</sup> Century Cures Act changes to MCD IDs (to be completed by 9/30/2024)

# Process Dependencies

- Prior Authorization is available at Sandata
- Provider assigns work
- Worker executes EVV process with start and end times
- Visit file is created and available to MCO
- MCO matches claim to visit data using
  - Member MAID
  - Provider MCD ID
  - DOS
  - Procedure Code
- Post adjudication process Testing

# Processing EVV Claims

## Traditional Claim Processing

- Identify Provider using:
  - Tax ID
  - NPI
  - Zip Code
  - Taxonomy if available
- Claims processing considerations
  - Member eligible
  - Authorization exists for DOS
  - Authorization not exceeded

## EVV Claims Processing

- Identify Provider using:
  - Tax ID
  - NPI
  - Zip Code
  - **MCD if available**
- **Apply EVV Edits**
  - **Identify MCD ID to match visit data**
  - **Member, visit and claim units compared**
  - **If match Pass; no match Deny for EVV**
- Claims processing considerations
  - Member eligible
  - Authorization exists for DOS
  - Authorization not exceeded

# Key Data fields available from Visit File

- MCD ID – Identifies Provider who rendered the service
- Member Maid – Identifies Member receiving service
- Procedure Code – Service provided
- Start/Stop times used for comparison

# EVV Claims Processing Scenarios

**Claim Denied** when EVV edits are applied

- No matching Visit data
- Claim Units exceed those found on matching visit

**Claim Passed** to traditional claims process for payment:

- Claim has matching visit data for Member, DOS, Procedure Code
  - Visit data matches Claim Units
  - Visit is greater than Claim Units
- Note: Claim can pass EVV and deny if other MCO criteria is not met

# Sample Denial – No Visit Found

## **Claim received by MCO**

- Validate MCD ID to search for match in Visit file
- Confirm Member ID matches with MAID on Visit file
- Confirm Proc Code and modifier
- Search for DOS

## **EVV Edits applied**

- MCD ID and MAID match
- No Visit found for DOS
- Deny claim with “N824” Code

- Provider makes a home visit to a member and records beginning and end time of visit and what service was provided.
- Visit is recorded and maintained by contracted Vendor- Sandata.
- Depending on the service, a visit unit may be recorded in 15 minutes interval or 1 hour intervals. For a visit which is recorded in 15 minutes interval, 4 units would correspond to a visit that lasted approximately 1 hour.
- A claim is submitted by the provider for the home visit, information submitted on the claim is 'matched' against corresponding visit record or records to verify that there are enough recorded visit units available.
- If there are enough visits to satisfy the claim, then that claim is deemed payable and moves to downstream. If there are not enough visits then the claim is deemed not payable and will be denied. Please note that all other claims validations rules still apply.

# EVV Claims Edits and Current Timelines

- Starting 07/01/2024, Delaware First Health will apply an informational edit code on claims where the claims data will not match the visit data.

CODE_NBR	CARC	RARC	FULL DESCRIPTION
EXa8	45	N/A	DENIAL WOULD BE APPLIED IF NOT VERIFIED THROUGH EVV VISIT VERIFICATION

- The information codes will be put in place to allow time for providers to take necessary actions and to provide notification of the EVV process.
- Starting 01/01/2025, Delaware First Health will apply a denial code on claims where the claims data will not match the visit data.

CODE_NBR	CARC	RARC	FULL DESCRIPTION
TBD*	TBD*	TBD*	NO EVV VISIT MATCH FOR MEDICAID ID BILLED*

- DFH will update the information once the denial code is finalized.



- EVV providers should make sure that they have registered their billing NPI, billing taxonomy and billing address in the DMAP portal and have a valid MCD-ID for the NPI, taxonomy and address combination.
- EVV providers should register the same MCD-ID with Sandata.
- EVV providers should provide the registered NPI, taxonomy and address information on the claim.
- EVV providers should ensure that the number of units billed match with the visit record.
- If the EVV provider is using an alt EVV vendor then the provider should make sure that connection between their alt EVV vendor and Sandata is setup so that the visit information can be sent to Sandata
- Failure to follow any of the items mentioned above, could prevent the MCOs from matching the claims data against the visit data which can result in claims denials.

# Claim Validation API – Request- Sample- Example

- Request contains an array of JSON objects.
- Each JSON object represents a single service line on a claim.
- Claim information from Claims System
  - Provider MCD ID
  - Member Medicaid ID
  - Dates of Service
  - Procedure Code
  - Units

```
{
  "EVV_Request": [
    {
      "BusinessEntityMedicaidIdentifier": "9021099",
      "RequestType": "Model1",
      "BatchID": "74511993",
      "TransactionID": "9084706031",
      "Payer": "XYZ",
      "ICN": "9999128777",
      "DLN": "97",
      "ProviderQualifier": "MedicaidID",
      "ProviderID": "9021099",
      "PatientQualifier": "MedicaidID",
      "PatientID": "666663333344",
      "ServiceStartDate": "2018-07-10",
      "ServiceEndDate": null,
      "ProcedureCode": "G0300",
      "Units": "12",
      "UnitsRule": "AddUnits",
      "Modifier1": null,
      "Modifier2": null,
      "Modifier3": null,
      "Modifier4": null,
      "MatchingRule": "ExactMatch"
    }
  ]
}
```

# Claim Validation API – Response (Success) - Example

- Example of a response that contains matched visit information
- Response body contains all the fields sent in the request, plus some additional fields.
- For a 'RequestType' of 'Model2', it is possible for there to be more than one response object for a single request object. Each response object contains visit information for a single 'VisitKey'

```
{
  "BusinessEntityMedicaidIdentifier": "9021099",
  "RequestType": "Model1",
  "BatchID": "74511993",
  "TransactionID": "9084706031",
  "Payer": "XYZ",
  "ICN": "9999128777",
  "DLN": "97",
  "ProviderQualifier": "MedicaidID",
  "ProviderID": "9021099",
  "PatientQualifier": "MedicaidID",
  "PatientID": "666663333344",
  "ServiceStartDate": "2018-07-10",
  "ServiceEndDate": null,
  "ProcedureCode": "G0300",
  "Units": "12",
  "UnitsRule": "AddUnits",
  "Modifier1": null,
  "Modifier2": null,
  "Modifier3": null,
  "Modifier4": null,
  "MatchingRule": "ExactMatch",
  "AdjInDateTime": "2018-07-10T08:00:00Z",
  "AdjOutDateTime": "2018-07-10T11:00:00Z",
  "GroupCode": "123456",
  "VisitTimeZone": "US/Eastern",
  "VisitFound": true,
  "VisitKey": "822122445",
  "RecordsFound": 1,
  "Details": null,
  "DetailsReason": null
}
```

# Claim Validation API – Response (Fail) - Example

- Example of a response that contains an error message.
- No 'VisitKey' value returned
- Same format for incorrect values in the request, or if 'No Visit Found'

```
{
  "BusinessEntityMedicaidIdentifier": "9021099",
  "RequestType": "Model1",
  "BatchID": "74511993",
  "TransactionID": "9084706031",
  "Payer": "XYZ",
  "ICN": "9999128777",
  "DLN": "97aaa",
  "ProviderQualifier": "MedicaidID",
  "ProviderID": "9021099",
  "PatientQualifier": "MedicaidID",
  "PatientID": "66666333344",
  "ServiceStartDate": "2018-07-10",
  "ServiceEndDate": null,
  "ProcedureCode": "G0300",
  "Units": "12",
  "UnitsRule": "AddUnits",
  "Modifier1": null,
  "Modifier2": null,
  "Modifier3": null,
  "Modifier4": null,
  "MatchingRule": "ExactMatch"
  "AdjInDateTime": null,
  "AdjOutDateTime": null,
  "GroupCode": null,
  "VisitTimeZone": null,
  "VisitFound": false,
  "VisitKey": null,
  "RecordsFound": 0,
  "Details": "Incorrectly formatted record",
  "DetailsReason": "Duplicate TransactionID"
},
```

# Q&A/Wrap Up



# Additional Questions and Information

- **Sandata Customer Service:**

- Sandata users: 1.833.542.2603 or [decustomer@sandata.com](mailto:decustomer@sandata.com) (include DE EVV in subject line).
- Alternate EVV system users: [DEaltev@sandata.com](mailto:DEaltev@sandata.com)

# Additional Questions and Information

- **DMMA:** [DHSS DMMA EVV@delaware.gov](mailto:DHSS_DMMA_EVV@delaware.gov)
- **ACDE:** [EVV Provider Notification@amerihealthcaritasde.com](mailto:EVV_Provider_Notification@amerihealthcaritasde.com)
- **DEFH:** [EVVProviderCommunication@delawarefirsthealth.com](mailto:EVVProviderCommunication@delawarefirsthealth.com)
- **HHO:** [EVVProviderCommunication@highmark.com](mailto: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](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](mailto: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](https://medicaidpublications.dhss.delaware.gov/docs/search?Command=Core_Download&EntryId=566)
- **Contact the MCO with whom the member is enrolled**