

# **EVV Provider Forum**

#### July 27, 2022

Delaware Division of Medicaid and Medical Services

### Today's Agenda

Welcome and Introductions

**Provider Reminders** 

FAQ

**Open Discussion** 

#### **Provider Reminders**

- Please complete your survey ASAP if you have not done so already.
- All providers who provide services subject to EVV must respond.
- Only 1 response per agency please.
- Survey can be found @ <u>DE DHSS Provider Electronic Visit Verification</u> (EVV) Survey
- Link emailed to the EVV list serve and is also on DMMA EVV web page

#### **Provider Reminders**

- Non EVV Questions should be directed to:
  - Call Us: Provider Services at 1-800-999-3371; Option 0, then Option 2
  - Message Us: Secure Correspondence: Log in to the Provider Portal
  - Email\* Us: <u>delawarepret@gainwelltechnologies.com</u> \*Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox
- Please complete provider enrollment activities as directed by DMMA

- The FAQ Document will be posted on the EVV webpage in the next few days.
  - Will distribute to list serve.
- This is a living document and will be updated as needed on an ongoing basis.
- Today we will highlight some of the questions and answers within the document.

Q: When is the implementation and go-live date for Delaware/providers?

A: The implementation date and the go-live date is 12/30/2022. EVV for both Personal Care and Home Health Services will be implemented on this date.

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

Q: 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: 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.

Q: Does the Sandata 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 Sandata application. State-issued devices will include the Sandata application and 911 capabilities only.

Q: 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(I) (5) (A) of the Act for PCS or HHCS services rendered during an in-home visit.

Q: What happens if a worker makes a mistake while entering visit information? Can mistakes be corrected?

A: Yes, providers can 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. This will be outlined during training.

Q: What happens if an individual is unable to sign at the end of the DSW shift? For example, the individual is asleep.

A: A signature by the individual or their designated representative is not mandatory for the submission of the visit. In the Sandata 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: What are the acceptable methods for collection of signatures? A: For providers who are using the Sandata mobile application the signature is collected on the mobile device. For providers using the Sandata IVR the signature will be collected via a voice attestation.

Q: 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 Sandata. 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: Has there been an acceptable Geo Fencing distance determined by Delaware for proximity requirements ?

A: Yes, for a provider using Sandata as their EVV solution the geo-fencing parameter is .25 of a mile. Please note that visits are not prevented from going outside of the geo-fence. Meaning for providers using Sandata 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 Sandata 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: How is GPS captured if a DSW has no cell service?

A: In the Sandata application, GPS is captured via satellite.

Q: Will schedules have to be populated first and then matched, or just completed visits?

A: The use of schedules within Sandata is optional. If a provider chooses to enter a schedule into Sandata they will be notified of late (30 minutes after scheduled start time) and missed visits (60 minutes after scheduled start time).

Q: 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: 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: 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, the Sandata system will allow this even though start/end times may be outside of the geo-fence.

Q: 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: DMMA has indicated that providers using the Sandata 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: We cover Sussex County and there are many spots with no cell coverage and many clients don't have home phones. What do we do in that case?

A: For providers who are using the Sandata mobile solution, the 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: 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. Does the claim need to be broken into two different claim lines.

A: No, the Sandata system counts visits that span 2 days as only 1 visit so there is no need to break the visit into two claim lines.

Q: 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 Sandata data aggregator.

Q: 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 Sandata application on State-issued devices.

Q: For agencies using their own scheduling/EVV system, is our data to be interfaced into the aggregator or are they to use the Sandata application?

A: Providers using their own EVV systems will not use the Sandata application. Their data will be sent from their EVV system to the Sandata data aggregator.

Q: I thought I wanted to continue to use my own system, but now have decided I want to use Sandata. Can I do this?

A:Yes, providers who have their own EVV systems may switch to Sandata at any time. Please be aware that there is some time involved with training and onboarding to Sandata, so depending on when the provider notifies DMMA/Sandata of this decision this switch may or may not take place prior to go-live. Information and the form to notify DMMA of this decision can be found on the DMMA website.

Q: 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 <u>https://assist.dhss.delaware.gov/</u> by clicking on "Report a Change" link. The updated information will then be sent to Sandata and the MCOs via a regular exchange.

Q: Can Sandata provide a list of Third Party/Alternate Systems that they have integrated within other states?

A: Sandata has integrated with over 170 different alternate EVV systems. A complete list will be posted on the DMMA EVV web page.

## Q&A/Wrap Up



#### **Additional Questions and Information**

- Additional questions may be emailed to: DHSS\_DMMA\_EVV@delaware.gov
- DMMA will periodically post new information on our EVV webpage: https://dhss.delaware.gov/dmma/info\_stats.html