



# DELAWARE HEALTH AND SOCIAL SERVICES

## Delaware Division of Medicaid and Medical Assistance

### Electronic Visit Verification (EVV)

### Rules and Requirements for Providers of Services Subject to EVV

Delaware Medicaid providers of services that are subject to electronic visit verification (EVV) must adhere to the rules and requirements described in this document. This document will be updated as the Division of Medicaid and Medical Assistance (DMMA) releases additional rules and requirements after the implementation of EVV and thereafter.

#### 1. Services Subject to EVV

a. The following services are subject to EVV:

Service	Codes (s)
Attendant	S5125
Attendant Care-Self Directed	S5130 U2
Chore	S5120
Companion	S5135
Homemaker	S5130
Home Health Aide	G0156
Home Health Nursing	G0299-RN/G0300-LPN
Home Health Nursing—Assessment and Observation	G0493-RN/G0494-LPN
Home Health Nursing—Training and Education	G0495-RN/G0496-LPN
Nursing In-Home	S9123-RN/S9124-LPN
Physical Therapy	G0151/G0157/G0159
Occupational Therapy	G0152/G0158/G0160
Respite	S5150
Respite—PASA agency	T1005 U1
Respite—Home Health Agency	T1005 PC
Respite—Self-Directed	T1005 U2
Respite—Self-Directed (Easter Seals Only)	T1005
Speech Therapy	G0153/G0161
Private Duty/Independent Nursing	T1000
Supported Living	T2013
Waiver Personal Care	T1019
Waiver Personal Care—PASA Agency	T1019 U1
Waiver Personal Care—Home Health	T1019 PC
Waiver Personal Care—Self Directed	T1019 U2

b. 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)



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- 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.

- c. 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. 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.
- d. Providers should note that EVV in no way changes:
  - i. The way in which a member receives services
  - ii. The member's ability to choose a provider
  - iii. The member's ability to choose a Direct Service Worker (DSW)

### 2. Third Party EVV Systems

- a. Delaware will be using AuthentiCare, operated by Fiserv, as the State's EVV solution. Providers may use third party EVV systems to collect EVV data in lieu of using AuthentiCare. Third party EVV systems must meet the minimum requirements for third party EVV systems described in the third party EVV System Attestation Form. This form, along with a third party EVV System checklist and other information can be found on the DMMA EVV website: [https://dhss.delaware.gov/dhss/dmma/info\\_stats.html](https://dhss.delaware.gov/dhss/dmma/info_stats.html). Failure to complete the third party EVV System Attestation Form will result in delays in the provider receiving AuthentiCare credentials.
- b. Providers who wish to change EVV systems must complete the EVV Vendor Change Form available on the DMMA EVV website at [https://dhss.delaware.gov/dhss/dmma/info\\_stats.html](https://dhss.delaware.gov/dhss/dmma/info_stats.html). This form is for any provider seeking to change from one third party EVV system to another or from a third party EVV system to AuthentiCare. Please note: if you are changing from a third party EVV system



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to AuthentiCare, indicate on the form if you need state-issued EVV data collection devices (i.e., mobile phones). See the device section of the form for a description of the process related to device distribution.

### 3. EVV Visit Data Requirements

- a. The following data elements will be collected for each visit:
  - i. Individual receiving the service(s)
  - ii. Individual DSW providing the service(s)
  - iii. Location of service(s) delivery including latitude and longitude of check in and check out
  - iv. Exact date of service(s) delivered
  - v. Exact time the service(s) begin
  - vi. Exact time the service(s) end
  - vii. Service(s) performed
- b. GPS will be used as the method for validating location of services. Location will be validated only at the beginning and at the end of the visit or via an individuals' phone if using interactive voice response (IVR) option. Third-Party EVV Systems are responsible for providing latitude and longitude on all individual addresses provided. Latitude and longitude must be provided for both the visit start and visit end time, assuming it is collected via a GPS-enabled device.
- c. The individual or their designated representative are encouraged but are not required to validate the following information at the end of each visit:
  - i. The time the DSW started their visit
  - ii. The time the DSW ended their visit
  - iii. Tasks performed during the visit
- d. For purposes of EVV, the individual's Designated Representative can be any of the following:
  - i. Legal Guardian
  - ii. Power of Attorney with authority over health care decisions
  - iii. Surrogate Decision Maker
  - iv. Supported Decision Maker as designated by the individual or their legal representative

The Designated Representative should be identified in the individual's service plan.

- e. EVV replaces the need for paper timesheets and hard copy signatures. However, it does not replace clinical notes or other documentation required by the State or MCOs. Visits



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that are modified/edited in an EVV record after the time of service delivery are considered to be modified or edited visits. DMMA recognizes the practical need for visits to be modified; however, doing so should only be done as an exception to normal practice, and the majority of all EVV records should remain unmodified. Supporting documentation must be maintained to support any changes to visit information after a visit has been confirmed. Modified or edited visits are considered to be manually modified and are included in the count of manually entered visits. Manual entry of visits cannot exceed 10% of a provider's total EVV visits.

- f. Providers will have an opportunity to correct errors related to visit data in AuthentiCare. Supporting documentation must be maintained to support any changes to visit information after a visit has been confirmed. In addition, supporting documentation is required to document all steps taken to clear exceptions in the EVV system. Corrections must be made within 60 calendar days from the date of service.
- g. Manual Visit Entry means an EVV record input after the time of service delivery by administratively entering the required EVV data elements. Visits may be manually entered into AuthentiCare under limited circumstances (e.g., system downtime, connectivity issues, landline outage). Supporting documentation must be maintained to support manual entry of visits. Manual entry of visits cannot exceed 10% of all EVV visits.
- h. For visits collected in AuthentiCare, the following rounding rules apply to start and end times:
  - i. 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



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- ii. 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

#### 4. Provider Requirements for Data Entry into AuthentiCare

- a. All providers must enter their DSWs into AuthentiCare, regardless of whether the provider uses AuthentiCare or a third party EVV system. The table below describes the data elements related to DSWs. Please note that providers uploading visit data from a third party EVV system, may use the providers address, telephone number and email address in lieu of workers specific information. Providers using AuthentiCare as their EVV solution cannot do this and must enter DSW specific information. Please note that is information is only viewable by the provider for whom the DSW is employed along with the State and other payers.

Field Name	Required	Comments
AuthentiCare Provider ID	Yes	Provider AuthentiCare ID. Format: 123456789. Please note that providers will received their AuthentiCare ID as part of the AuthentiCare credentialing process.
First Name	Yes	Worker First Name
Middle Name	No	Worker Middle Name
Last Name	Yes	Worker Last Name
Gender	No	Worker Gender. Valid values are: Male, Female, Unknown
Birth Date	Yes	Worker Birth Date. Format: MM/DD/YYYY
Begin Date	Yes	Worker Effective Start Date. Format: MM/DD/YYYY
Email Address	Yes	Worker Email Address
Primary Language	No	Worker Language Preference. Valid values are: English, Spanish, Other
SSN/Visa/Passport (Last 4)	Yes	Last 4 values of Worker SSN/Visa/Passport
ID	No	Worker External ID. Format: 123456789
Phone Type	Yes	Worker Phone Type. Valid values are: Home, Work, Mobile or Fax.
Phone Number	Yes	Worker Phone Number. Format: (555) 555-5555
Address Type	Yes	Worker External ID. Valid values are: Home, Work, Billing, Other
Address Line 1	Yes	Worker External ID. Format: 123456789



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Field Name	Required	Comments
Address Line 2	No	Worker External ID. Format: 123456789
City	Yes	Worker City. Format: 123456789
State	Yes	Worker State. Format: DE
Zip	Yes	Worker Zip Code. Format: 12345

- b. For providers who are using the AuthentiCare EVV solution, the entering of DSW schedules into AuthentiCare is optional but strongly encouraged. Providers who enter schedules into AuthentiCare will be notified of late (30 minutes) and missed visits (60 minutes).

## 5. Claims

- a. Providers submitting claims for EVV covered services (see section 1.a) must put each date of service on a separate claim line. For example, if a provider conducted EVV covered visits daily from Monday to Friday, each visit must appear on a separate line. The five visits can be on the same claim, but each visit must be on a separate line. Providers may no longer bundle visits onto the same claims line. Effective April 1, 2021 DMMA will be implementing a new system edit that will result in claims for services subject to EVV that do not have each DOS one a separate claim line.
- b. Example of span billing versus daily billing of visits on a claim

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

- c. 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



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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.

- d. 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:

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

- e. Beginning July 1, 2021 DMMA will begin editing claims against visit data. This means that claims for services subject to EVV that cannot be matched with EVV visit data will be denied.
- f. Providers who are using AuthentiCare as their EVV solution, may choose to have AuthentiCare created and submit their claims based on their visit data beginning October 2021.
- g. Providers will work with Fiserv to identify their billing MCDID that will be used on claims when billing for services subject to EVV.

### 6. EVV Data Collection Devices

- a. The State will provide devices to providers who are using AuthentiCare as their EVV solution.
- b. Device Distribution Prior to AuthentiCare Implementation
  - i. Providers needing State-issued devices must indicate this need on the EVV survey. Fiserv will contact the provider to determine:
    1. Final device count needed
    2. Shipping address for devices. Note: all devices will be shipped to one address, one person
    3. Person to whom the shipment will be directed (i.e., attn. line on the shipment)
- c. Device Distribution Post AuthentiCare Implementation



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- i. Providers who have not previously completed the EVV provider survey and who want to use AuthentiCare as their EVV solution must complete the EVV provider survey. The survey can be found at <https://www.surveymonkey.com/r/HMJ5NWN>.
- ii. Completion of the survey will initiate the device distribution process as described above (section 6.b).
- iii. Providers who are currently using a third party solution who are switching from a third party EVV system to AuthentiCare and who require state-issued devices will indicate the need for devices via the EVV Vendor Change Form.

### **d. Device Issue Resolution**

- i. Providers should call the AuthentiCare call center at 1-800-542-4121 or email AuthentiCare at [authenticare.support@fiserv.com](mailto:authenticare.support@fiserv.com) if they have problems with their State-issued device. Please note that when emailing AuthentiCare you must indicate that you are a Delaware user.
- ii. Call center staff will work with the provider to troubleshoot the issue.
- iii. If a replacement device is needed, instructions will be provided to ship a replacement device and return the defective/broken device.

### **7. Training**

- a. All providers are required to attend the AuthentiCare training(s) as prescribed by DMMA. Failure to attend training will result in delays of the receipt of provider's production credentials for the AuthentiCare system.