



EVV Steering Committee

October 28, 2020

Delaware Division of Medicaid and Medical Services

Today's Agenda

Welcome and Introductions

Provider Survey Update & Results

Member Outreach

Process Requirements

Next Steps/Questions

Provider Survey

- The provider survey is still available on the DMMA website:
https://dhss.delaware.gov/dhss/dmma/info_stats.html
- If you have not completed the survey, please do so as soon as possible.
- Training lists are being developed based on feedback contained in the survey.
- Providers are still able to indicate need for devices.

Provider Survey Summary

- **57** responses to date
- **8** respondents indicate they intend to use AuthentiCare as their EVV solution
 - **4** respondents indicated they intend to use Authenticare and need State-issued devices for their workers
- **38** respondents indicate they have a third-party EVV system they intend to use

Member Outreach

- DMMA plans to take a multi-pronged approach for education and outreach to members regarding EVV.
- Feedback from Steering Committee on ways to educate members on EVV.
 - Suggested materials
 - Suggested methods

Provider Education

Course	Who should attend	Registration Information
AuthentiCare Overview	MCO's FMSA, Providers and others interested in learning more about Delaware's EVV system implementation.	10/19 and 10/22 Recording is available here. https://attendee.gotowebinar.com/recording/2504474593214777602 Note: Session starts at approximately 5 min in.
Aggregator Workshop	Providers who are using their own EVV systems should attend the Aggregator workshop	https://attendee.gotowebinar.com/rt/3398472104779349261 11/17/2020 1:00-3:00pm 12/09/2020 10:00am-12pm 12/17/2020 10:00am-12pm
FMSA Training	FMSA staff who will be using the AuthentiCare solution or supporting workers and/or providers who do.	https://attendee.gotowebinar.com/register/8571139950483425291 12/10/2020 10:30-11:30am
MCO Training	MCO staff who will be using the AuthentiCare solution to review authorizations, visit and claims data and reports.	https://attendee.gotowebinar.com/rt/2110268888183092747 11/13/2020 9:30-11:30am 12/7/2020 1:30-3:30pm 11/19/2020 1:30-3:30pm 12/17/2020 1:30-3:30pm
Provider Training	Fiserv will train Provider Agency EVV Admin staff up to 3 people per agency, on how to utilize AuthentiCare web portal for Reports, Claims and other applicable processes.	https://attendee.gotowebinar.com/rt/1410252715733096203 11/16/2020 1:00-3:00pm 12/01/2020 4:00-6:00pm 11/30/2020 4:00-6:00pm 12/03/2020 9:00-11:00am 12/03/2020 12:00-2:00pm 12/08/2020 9:00-11:00am
Training for Trainers	Trainers and individuals identified as responsible for training others within their agency or worker staff.	https://attendee.gotowebinar.com/rt/2609348211147646731 11/5/2020 9am-12pm 12/01/2020 9am-12:00pm 11/18/2020 9am-12pm 12/02/2020 9am-12:00pm
State Training	DMMA Staff and designated contractors	https://register.gotowebinar.com/rt/2476718521553571598 11/9/2020 9:30-11:30 am 12/14/2020 9:30-11:30 am

Process Requirements

- The following data elements will be collected for each visit:
 - Name of the individual receiving the services
 - Name of the DSW
 - Time the visit started and ended
 - Date of service
 - Service provided
 - Location of the service
 - Tasks performed by the DSW during the visit (optional)

Process Requirements

- GPS will be used to validate location of services for providers using the AuthentiCare application.
 - Location shall be validated only at the beginning and at the end of the visit.
 - Geo-fencing parameter is 1/8 of a mile.
- For providers using the IVR through AuthentiCare, location will be validated based on the member's phone number.
 - The member's landline or cell phone must be used for IVR.

Process Requirements

- The individual or their designated representative must validate the following information at the end of each visit:
 - Time the DSW started their visit
 - Time the DSW ended their visit
 - Tasks performed during the visit (optional)
- For purposes of EVV, the Designated Representative can be any of the following:
 - Legal Guardian, Power of Attorney with authority over health care decisions, Surrogate Decision Maker or Supported Decision Maker as designated by the individual or their legal representative
- The Designated Representative should be identified in the individual's care/service plan.

Process Requirements

- EVV replaces the need for paper timesheets and hard copy signatures.
 - It does not replace clinical notes or other documentation required by the State.
- Providers will have an opportunity to correct errors related to visit data.
 - Supporting documentation must be maintained to support any changes to visit information after a visit has been confirmed.
 - Supporting documentation is required to document all steps taken to clear exceptions in the EVV system.
 - Corrections must be made within 30 calendar days from the date of service.

Process Requirements

- Visits may be manually entered into the EVV system under limited circumstances (e.g., system downtime, connectivity issues, or landline outage).
 - Documentation must be maintained to support manual entry of visits.
 - Providers shall not exceed a 10% manual entry rate.

Process Requirements

- Rounding rules are as follows:
 - 0–7 minutes is rounded down to 0
 - 8–14 minutes is rounded up to 15
- All providers (including those using third-party systems) must upload their workers into AuthentiCare.
 - Workers do not need to be manually entered.
 - You will receive information during training regarding this process.

Process Requirements

- Entering schedules into AuthentiCare is optional.
- Providers who do enter their schedules will get alerted to late (30 minutes past scheduled start time) and missed (60 minutes past scheduled start time) visits.

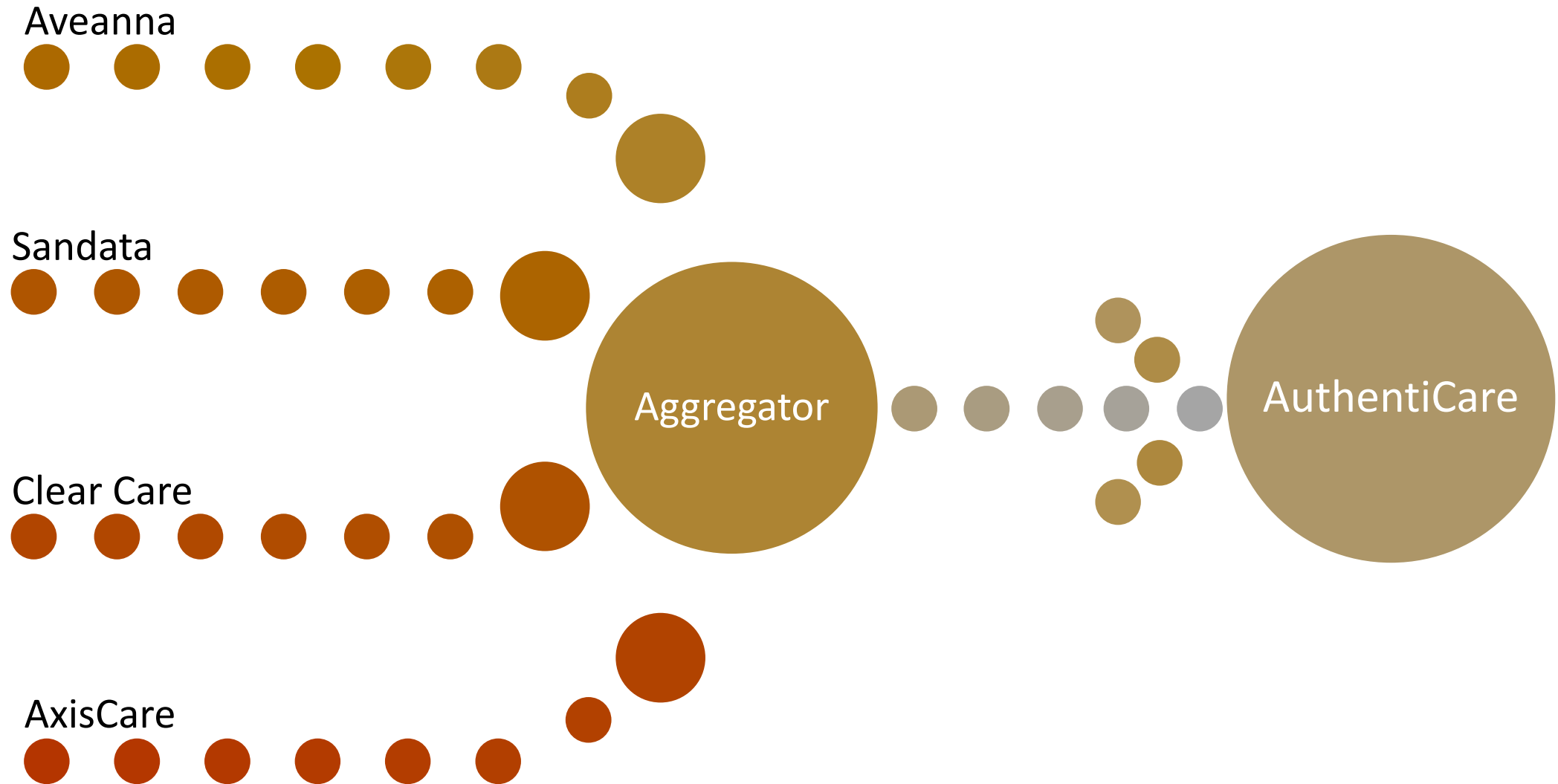
Process Requirements

- Visits provided by DSW who reside with the individual to whom they provide Medicaid services are not subject to EVV.
- Visits provided out of state are not subject to EVV.
- 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.

Process Requirements

- Providers who are using third-party systems must upload their EVV data, at a minimum, within 30 days of the end of the previous month.
- Providers may choose to upload their EVV data more frequently.
- Data cannot be uploaded until the provider has submitted and received a claim response.

3rd Party System Data Flow



Q&A / Wrap-up

