EVV Provider Forum

November 2024

Delaware Division of Medicaid and Medical Services

Agenda

Welcome and Introductions

Project Updates

EVV Training

FFS Soft Edits

Q & A

Project Updates

- EVV Statistics as of November 11, 2024
  - **1,210,854** visits submitted
  - 107 unique MCDIDs registered
  - 73 MCDIDs actively using system

Project Updates

- Due to on-going Cures Act activities, many providers have had changes in their MCDID (new MCDIDs assigned and old ones terminated in DMES).
  - New MCDIDs must be registered with Sandata.
  - MCDIDs terminated in DMES must also be closed in the Sandata system.
- To terminate an MCDID with Sandata, email decustomercare@sandata.com
  - Include "Delaware" and the Sandata assigned account (STX) number in the subject line.
  - Ask that the account associated with the terminated MCDID be closed.

Project Updates

- Mercer and DMMA are outreaching providers who appear to be registered appropriately, but submitting no visits

- The State is holding 1:1 meetings with providers who continue to have challenges with registering and using the appropriate MCDID for services subject to EVV.

- If you need help and have not been contacted, please email Rachel.Henrichs@mercer.com.

EVV Training

- Many providers who are using alternative EVV systems have not completed aggregator training.

- All providers must complete training, even if you have experience using the system in another state.

- Aggregator Training is available at Sandata Learn: [DE Aggregator Training](#).

Soft Edits Implemented

- AmeriHealth, Delaware First Health, Highmark, and DDDS have all implemented the soft edit.

- Soft edit means that the claim will be paid, however, a message will be posted on the remittance advice when a claim cannot be matched to a visit.

- For visits that are not verified and for which exceptions are posted, providers should edit visit data as needed and appropriate.

Trouble Shooting Visit and Claim Mismatches

- **Step 1:** Log into the Sandata aggregator to check the status of visits in the Sandata system.

- The visit should be in a verified status.

- If the visits are not in a verified status, there is an issue with the visit data that needs to be corrected.

- Corrections to visit data must be completed in your alternate EVV system and resent to Sandata.

Trouble Shooting Visit and Claim Mismatches

If no visit is recorded, confirm the following:

- Worker provided service as claimed

- Worker signed in/out of visit using your alt EVV system

- Your alt EVV system, recorded the visit data

- Your alt EVV system, sent the visit data to the Sandata aggregator

If the answer to any of these questions is no, you must resolve the issue in your alternative EVV system and resubmit to Sandata.

Trouble Shooting Visit and Claim Mismatches

Step 2: Compare the visit data to the claim and review for accuracy.

If the visit data reflects same date of service, member, provider agency, and units equal to or less than the units billed, then the claim will pay.

If your claim reflects this but you received a RA message it could be that you billed more than one day of service on a single claim detail line.

Claims for services subject to EVV must be broken out into separate claim detail lines.

Trouble Shooting Visit and Claim Mismatches

Visit data reflects more than the units billed, then the claim will deny.

Determine if the visit record or claim is correct and adjust the other documentation as needed.

- If you determine that the visit data requires modification, make the change in your alternative EVV system and resubmit visit data to Sandata; or

- If you determine the claim requires modification, please adjust the claim and resubmit to the appropriate payer (DMES for FFS, MCO for Managed Care)

Hard Edits

- DMMA has targeted April 1, 2025, for implementation of the hard edit.

- Hard edit means if no corresponding EVV visit is found, the claim will be denied.

- Providers are strongly encouraged to log into the aggregator to view the status of their visits.

- Aggregator Training is available at Sandata Learn: [DE Aggregator Training](#).

No Span Billing

- Claims for EVV services must list each date of service on a separate claim detail line.

- If a caregiver provided the same services daily from Monday to Friday, each day must appear on a separate claim detail line.

- All five days can be billed on the same claim, but each date of service must be on a separate claim detail line.

Span Billing Change to Daily Billing

The example below illustrates the change from Span Billing to Daily Billing

Individual received 2 hours of service a day (8 units) from 1/4/2023 to 1/8/2023.

SPAN BILLING			
DATE	CODE	Units	COST
1/4/2023 to 1/8/2023	T1019	40	$150.00

DAILY BILLING			
DATE	CODE	Units	COST
1/4/2023	T1019	8	$30.00
1/5/2023	T1019	8	$30.00
1/6/2023	T1019	8	$30.00
1/7/2023	T1019	8	$30.00
1/8/2023	T1019	8	$30.00

EVV Claims
Multiple Visits on Same Day

a. Multiple visits for the same service on the same date of service must be included on the same claim line.

- For example, the individual receives 1 hour (4 units) of service 3 x a day.

DAILY BILLING (Multiple Visits in Same Day)			
DATE	CODE	Units	COST
1/4/2023	T1019	12	$45.00

Q&A/Wrap Up

Additional Questions and Information

- **Sandata Customer Service**:

  - Sandata users: 1.833.542.2603 or decustomercare@sandata.com (include DE EVV in subject line).

  - Alternate EVV system users: DEaltevv@sandata.com (include DE EVV in subject line).

Additional Questions and Information

- **DMMA email:** DHSS_DMMA_EVV@delaware.gov

- **DMMA website:** https://dhss.delaware.gov/dmma/info_stats.html

- **ACDE email**: EVV_Provider_Notification@amerihealthcaritasde.com

- **DEFH email**: EVVProviderCommunication@delawarefirsthealth.com

- **HHO email**: EVVProviderCommunication@highmark.com