



# EVV Steering Committee

November 25, 2020

Delaware Division of Medicaid and Medical Services

# Today's Agenda

Welcome and Introductions

Process Requirements

3<sup>rd</sup> Party System Requirements

Change in EVV Vendor Form

Next Steps/Questions

# EVV Process Requirements

## Services

- Under the following circumstances, visits for services that are normally subject to EVV will not be subject to EVV:
  - Services provided exclusively in a location outside of the home (e.g., school);
  - Services provided out of state;
  - Services provided as part of the hospice benefit when the individual is enrolled in Hospice;
  - Services provided by a paid caregiver who lives with the individual.
- 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.

# EVV Process Requirements

- 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.

# EVV Process Requirements

- Claims

- Beginning 1/1/21
- Providers submitting claims for EVV covered services must put each day on a separate claim line
- Providers may no longer have a span of dates with total units of serve for that date span on a single claim
- 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.

# EVV Process Requirements

- Claims

SPAN BILLING			
DATE	CODE	VISITS	COST
1/4/2021 to 1/8/2021	T1019	5	\$150.00

Daily Billing			
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

# EVV Process Requirements

- Claims
  - Providers who are using AuthentiCare as their EVV solution will continue to submit claims the way they do today.
  - It is anticipated that starting near the end of the first quarter of 2021, providers who use AuthentiCare as their EVV solution, may choose to have their claims generated from their visit data.

# 3<sup>rd</sup> Party EVV System Requirements

- Providers using a 3<sup>rd</sup> party EVV system must complete and send to DMMA the Third Party EVV System Attestation form.
- DMMA has developed a checklist for providers who are using a 3<sup>rd</sup> party EVV system.



# 3<sup>rd</sup> Party Vendor Changes

- Providers who are using a 3<sup>rd</sup> party vendor must complete the 3<sup>rd</sup> Party EVV Vendor Change form to notify DMMA, Fiserv and MCOs (as applicable) of this change at least 45 days in advance of change.

# Q&A / Wrap-up

