DELAWARE HEALTH AND SOCIAL SERVICES

Delaware Electronic Visit Verification (EVV) Terms and Definitions

Term	Definition
837I	The 837I (Institutional) is the standard format used by institutional providers to transmit health care claims electronically. Used for hospital, nursing facility, and home health services. Services subject to EVV can be submitted on an 837I. Attending provider is a required field on the 837I; however, there is limited editing of this field in Delaware's Medicaid Enterprise System (DMES).
837P	The 837P (Professional) is the standard format used by health care professionals and suppliers to transmit health care claims electronically. Services subject to EVV can be submitted on an 837P. Since all FFS EVV Taxonomies are non-group, the Rendering Provider is not sent on an EVV FFS Professional claim.
Adjudication File	A file generated from DMES that includes claims and encounter information for EVV services. This file will be sent at set intervals to AuthentiCare and is used for required Centers for Medicare and Medicaid Services (CMS) key performance indicator (KPI) reporting.
Aggregator	A centralized data process flow that collects, validates, and stores statewide EVV visit data transmitted by a third party EVV system.
Aggregator Visit File	A file sent from a third party system to AuthentiCare containing visit data collected within the third party system. Visit data from a third party system must be sent to AuthentiCare within at least 30 days from the date of service. Weekly uploads of visit data is strongly encouraged. Providers have several options to electronically send their visit data to the data aggregator. These include web portal, SSH file transfer protocol (SFTP), or Web Services Data Transfer application programming interfaces (API). No matter the method of upload, the AuthentiCare File Layout Designer must be used to develop a template for the Third Party System Provider Visit file.
Attending Provider	The Affordable Care Act and federal regulations require the State Medicaid Agency to enroll ordering and referring providers. CMS interprets this enrollment requirement to include attending physicians supervising care in institutional settings, including hospitals, nursing facilities, and residential treatment centers or for Home Health Services. For such services, the attending physician serves as the ordering, referring and, prescribing (ORP) provider, and must be enrolled with the state Medicaid program for the service to be reimbursed by Medicaid. The attending physician certifies and recertifies the medical necessity of services.
AuthentiCare	The brand name of the Delaware EVV solution provided by DMMA's EVV vendor Fiserv.
Billing Provider	A provider who submits claims and/or receives payment for Medicaid services. This is included on both 837P and 837I.

Term	Definition
Billing Provider Address	The address of the physical location of the billing provider.
CG Modifier	This informational modifier is assigned to claims with procedure codes that are typically subject to EVV to indicate that the service is not subject to EVV per DMMA policy. Reasons include: services provided by a paid caregiver who lives with the individual, services provided in a location outside of the home (e.g., school), services provided as part of the hospice benefit when the individual is enrolled in hospice, services provided to a newborn who does not yet have their own Medicaid ID number, services and service provided out of state.
Claim	A request for payment of health care services to a Medicaid recipient.
Direct Service Worker/Direct Support Professional/Caregiver	The individual providing Medicaid reimbursable services to the member. Typically employed by an agency or in the case of self-direction co-employed by an FMSA and a member. In Delaware these individuals are not enrolled as Medicaid providers and do not appear on claims. Information about these individuals is sent from providers to AuthentiCare via the "worker file."
Encounter	A claim that was covered under a managed care arrangement under the authority of 42 CFR 438; and therefore, not paid on a fee-for-service (FFS) basis directly by the state (or an administrative services only claims processing vendor). Encounter records often (though not always) begin as FFS claims paid by a managed care organization (MCO) or subcontractor, which are then repackaged and submitted to the state as encounter records.
Fiserv	The vendor, contracted by DMMA, to provide EVV services within the State of Delaware.
FMSA	Financial Management Services Agency is a service/function that assists the family or participant to (a) facilitate the employment of staff by the family or participant by performing as the participant's agent such employer responsibilities as processing payroll, withholding and filing federal, state, and local taxes, and making tax payments to appropriate tax authorities; and (b) performing fiscal accounting and making expenditure reports to the participant and/or family and state authorities. In Delaware, the FMSA acts as the co-employer with the member. Division of Developmental Disabilities Services (DDDS) contracts with a single FMSA for the individuals they serve, Consumer Direct Services. The MCOs contract with two FMSAs that serve their members, JEVS and Easter Seals.
KPI	As a condition of the receipt of enhanced federal financial participation (FFP) for the DMMA EVV system, the State is required to report on five KPIs related to EVV. These include: • Association of EVV record to claims/encounter • EVV records match against approved services, providers, and units • EVV records with manual edits • EVV system availability • Privacy and Security

Term	Definition
Manual Visit Entry	Means an EVV record input after the time of service delivery by administratively entering the required EVV data elements. Supporting documentation must be maintained to support visits that are entered manually in the EVV system. Manual entry of visits cannot exceed 10% of a provider's total EVV visits.
Master Worker ID	A behind the scenes identifier within AuthentiCare that links an individual direct service worker across multiple provider employers. This ID is not visible to users of AuthentiCare.
MCDID	Generated by the DMES, the MCDID is a code used to identify Medicaid providers in Delaware. A combination of data elements including a provider's NPI, taxonomy, and address generate the MCDID.
Member File	A file generated by DMES and sent to AuthentiCare, containing demographic information for all individuals enrolled in Medicaid who are eligible to receive services subject to EVV. This information is used in AuthentiCare to identify members by name, Medicaid billing number, address, and telephone number. Changes in demographic information should be made in the DMMA system of record, e.g., Medicaid eligibility system, ASSIST. This information will be passed to AuthentiCare via this file.
Modified/Edited Visits	Visits that are modified/edited in an EVV record after the time of service delivery. 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.
NPI	The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).
Ordering Provider	An ordering provider (usually a physician) is one who orders services for the individual such as home health services, diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services, or durable medical equipment services. Sometimes used interchangeably with referring provider.
Payer Visit File	A file generated from AuthentiCare that is sent to each payer, containing EVV visit data for their members. The visit file containing all individuals on Medicaid; their visit data is also sent to DMES.

Term	Definition
Pre-Adjudication Process	A process by which claims for services subject to EVV will be matched to EVV visit data prior to claims payment. If there is no visit data for the date of service on the claim or if other key data elements (e.g., number of units) do not match, the claim will be denied. Pre-adjudication processes will not be implemented until January 1, 2022.
Place of Service (POS)	Place of Service Codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. CMS maintains POS codes used throughout the health care industry. For valid EVV claims only the following place of service codes are used: 12 (Home) and 99 (Other).
Post Payment Review	A manual review process using EVV data will be used until editing of claims against visit data begins on January 1, 2022. The process is as follows: • The MCOs regular sampling approach will be used. • Claims and visit data will be compared with the following data elements reviewed: o Member o Provider o Date of service o Procedure code o Number of units o Prior authorization o Location of service provision • It is not the intent to penalize providers for errors but rather to provide education and technical assistance. • Instances of suspected fraud will be addressed through the normal processes.
Prior Authorization File	A file generated by DMES and by each of the MCOs and sent to AuthentiCare containing prior authorization information for members. This information is used in AuthentiCare to connect member information to provider information, to identify what services members are eligible to receive and to match visit data against authorizations.
Procedure Code	A Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code that uniquely identifies a service or procedure for a professional service.
Provider File	A file generated by DMES and sent to AuthentiCare containing demographic information for EVV providers including MCDID, taxonomy, NPI, etc.
Referring Provider	A referring provider (usually a physician) is one who requests an item or service for the member for which payment may be made. Sometimes used interchangeably with ordering provider.
Rendering Provider (Servicing Provider)	The rendering provider is the provider agency who provided the service to the member. Also referred to as the Servicing Provider.
Rendering Provider Address	The address of the physical location of the rendering provider.

Term	Definition
Revenue Code	Maintained by the National Uniform Billing Committee (NUBC), revenue codes are defined by NUBC as "codes that identify specific accommodations, ancillary services, or unique billing calculations, or arrangements relevant to the claim." For purposes of Delaware EVV, the FFS prior authorization (PA) can be set up using the revenue code.
Taxonomy	These codes define the health care service provider type, classification, and area of specialization.
Third Party EVV System	An EVV system, outside of a state procured system, utilized by and paid for by a provider to collect required EVV data. The system must meet federal and state specified requirements.
Visit	The provision of services subject to EVV to a Medicaid member. A visit can start and end in a home or a community setting. Visits whose entire duration occur in settings entirely outside of the home are not subject to EVV.
Worker File	A file containing demographic information of direct service workers employed by a specific provider (or co employed by an FMSA and member) sent to AuthentiCare. Workers can be entered manually or through an upload process through AuthentiCare. All providers, including those using a third party system, must upload worker information into AuthentiCare. Data elements required in the file are prescribed by Fiserv.
Worker ID	A unique number, generated by AuthentiCare, to identify individual direct service workers employed by a specific provider. This numbers is used by both providers who use AuthentiCare as their EVV solution as well those with a third party system.