DELAWARE HEALTH AND SOCIAL SERVICES

State of Delaware, Division of Medicaid and Medical Assistance (DMMA) Electronic Visit Verification

Provider Frequently Asked Questions

Electronic Visit Verification (EVV) Model

Q:	1. What model (Open, State-Mandated, etc.) is Delaware implementing, and has a vendor been selected?
A:	DMMA has selected the open model for its EVV system. HHAeXchange (formerly Sandata) is the State's EVV vendor.

Q:	2. We have our own EVV system — can we continue to use it? Do we have to integrate with the State's system?
A:	Yes, because DMMA has selected the open model for its EVV system, you may continue to use your current EVV system. Providers using an alternate EVV system are required to meet DMMA-prescribed requirements for alternate systems. Additional information about these requirements can be found on the DMMA website. https://dhss.delaware.gov/dhss/dmma/info_stats.html

Q:	3. Am I required to use EVV?
A:	Yes, providers who provide services that are subject to EVV are required to have an EVV solution in place. Providers may either use their own EVV solution, if it meets State and federal requirements, or they may use the State's solution, HHAeXchange.

Services

Q:	4. Are applied behavior analysis (ABA) services required to use EVV?
A:	No, ABA services are not subject to EVV.

Q:	5. Will a list of service codes subject to EVV be available and where can this be found?
A:	A list of services subject to EVV can be found in the HHAeXchange Alternate Specifications on the DMMA website. Public Information & Statistics - Delaware Health and Social Services - State of Delaware

Q:	6. Are social workers and dieticians who make home visits subject to EVV?
A:	No, social work and dietetic services are not subject to EVV.

Q:	7. Is Private Duty Nursing (PDN) provided in a school setting subject to EVV?
A:	No, since the place of service is outside of the home, these visits are not subject to EVV.

Q:	8. Are visits provided as part of the Early Intervention; Part C program subject to EVV requirements?
A:	No, visits provided as part of the Early Intervention Part C program are not subject to EVV.

Timeline

Q:	9. When was the implementation and go-live date for Delaware/providers?
A:	The implementation date and the go-live date was December 30, 2022. EVV for both personal care and Home Health Services will be implemented on this date.

EVV Process Requirements

Q:	10. Please confirm how EVV data may/will be used by the State, DMMA, and managed care organizations (MCOs).
A:	EVV data will be used by the State and MCOs to validate claims and ensure Medicaid beneficiaries are receiving the services they are authorized to receive. Data will also be used for reporting purposes to Centers for Medicare & Medicaid Services (CMS) as required by the CMS EVV certification process.

Q:	11. Does the mobile application include map functionality to get directions, e.g., to the individual's home?
A:	No, this functionality is not available through the HHAeXchange application. State-issued devices will include the HHAeXchange application and 911 capabilities only.

Q:	12. What is considered a qualified EVV visit for DMMA and MCOs?
A:	Qualified EVV visits are those visits for the services identified by DMMA as being subject to EVV. The list of services subject to EVV can be found in the HHAeXchange Alternate Specifications posted on the DMMA website. Public Information & Statistics - Delaware Health and Social Services - State of Delaware

Q:	13. What impact, if any, on claims payments will a missed clock-in, a missed clock-out, or a no signature error have with DMMA and MCOs? Will claims submitted without a matching EVV visit be paid?
A:	Prior to November 1, 2025, claims will continue to be paid as they are today. Prior to this date if a claim for a service subject to EVV cannot be matched to a visit, the State and the MCOs will provide education and technical assistance to the provider. Beginning November 1, 2025, the State and all MCOs will institute a hard edit in the claims systems. This means that when a claim for a service subject to EVV is submitted, before it is paid, there will be a check for a corresponding visit, and if no visit is present the claim will be denied.

Q:	14. Will the State/provider still require timesheets for clients?
A:	No. Most states' EVV systems use global positioning systems (GPS) and/or landlines to capture the location of personal care services (PCS) and home health care services (HHCS). As an alternative, stakeholders proposed the use of web-based timesheets in which the time and location of service delivery is entered by the caregiver and authenticated by the beneficiary. However, web-based timesheets alone do not provide the State with auditable confirmation of the data entered by the provider and approved by the beneficiary. Consequently, such systems would not be sufficient for electronically verifying the six data elements required by section 1903(l) (5) (A) of the Act for PCS or HHCS services rendered during an in-home visit.

Q:	15. Are web-based electronic timesheets with dual verification a permissible form of EVV?
A:	No. Web-based timesheets alone do not provide the State with auditable confirmation of the data entered by the provider and approved by the individual. Consequently, such systems would not be sufficient for electronically verifying the six data elements required by section 1903(l) (5) (A) of the Act for PCS or HHCS services rendered during an in-home visit.

Q:	16. What happens if a worker makes a mistake while entering visit information? Can mistakes be corrected?
A:	Yes, providers can enter missing visit information and correct mistakes in their visit collection system, then resend the visit data to HHAeXchange.

Q:	17. What happens if an individual is unable to sign at the end of the direct service worker (DSW) shift? For example, the individual is asleep.
A:	A signature by the individual or their designated representative is not mandatory for the submission of the visit. In the HHAeXchange mobile application, the DSW can indicate that the individual/designated representative is unable to sign and indicate a reason. DMMA will provide written guidance around acceptable reasons why an individual/designated representative is unable to sign.

Q:	18. Given that commercial payers do not require EVV, what is the protocol for collecting EVV data on a service that requires a primary denial?
A:	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 HHAeXchange. Medicare crossover claims are not subject to EVV. In general, most services subject to EVV are not covered by Medicare and/or commercial insurance. However, Medicare and some commercial insurances cover some Home Health Services (the G-codes listed in the service code list in the HHAeXchange Business Rules) under certain circumstances.

Q:	19. What are the acceptable methods for collection of signatures?
A:	For providers who are using the HHAeXchange mobile application, the signature is collected on the mobile device. For providers using the HHAeXchange Interactive Voice Response (IVR), the signature will be collected via a voice attestation.

Q:	20. If a prior authorization is not present in HHAeXchange, will the visit be rejected?
A:	For providers using the HHAeXchange EVV solution, a visit cannot be recorded unless prior authorization is present. The system is designed in such a way that a prior authorization must be present for the worker to be able to sign into the system to record a visit. There are limited circumstances for certain HHCS where, by policy, prior authorization is not required. In these cases, the provider will create their own prior authorization within the HHAeXchange system. This will be addressed in provider training.

Q:	21. Has there been an acceptable geofencing distance determined by Delaware for proximity requirements?
A:	Yes, for a provider using HHAeXchange as their EVV solution, the geofencing parameter is ¼ of a mile. Please note that visits **are not** prevented from going outside of the geofence. Meaning for providers using HHAeXchange as their EVV solution, a visit is not required to begin/end in the home. However, it is recommended that the DSW indicates via notes within the HHAeXchange mobile application why a visit began/ended outside of the home. If using the IVR, the provider will annotate the reason on the visit.

Q:	22. Does the Geofence apply to both HHAeXchange and non HHAeXchange users, even if not turned on for alerts right now?
A:	Yes, however, the exception (GPS exception) for being outside the geofence is not turned on for the DE EVV program. It is informational only and posts to a GPS report in the aggregator that the State can review. Reason codes for Alt EVV are currently set in the technical specification as optional (not required). Since the GPS exception is not enabled, a reason code should not be sent when any part of the visit is performed outside of the currently configured geofence.

Q:	23. Are schedules required?
A:	The use of schedules within HHAeXchange is optional. If a provider chooses to enter a schedule into HHAeXchange, they will be notified of late visits (30 minutes after scheduled start time) and missed visits (60 minutes after scheduled start time).

Q:	24. Has Delaware Health and Social Services (DHSS) decided if caregivers living in the home of the service recipient will be required to report via EVV?
A:	Visits provided by caregivers paid by Medicaid who reside with the individual are not subject to EVV.

Q:	25. How is GPS captured if a DSW has no cell service?
A:	In HHAeXchange, GPS is captured via satellite.

Q:	26. Can only a member's home (landline) phone be used with the IVR?
A:	No, the IVR may be used with either a member's home (landline) or cellphone.

Q:	27. We cover Sussex County where there are many spots with no cell coverage, and many clients do not have home phones. What do we do in that case?
A:	For providers who are using the HHAeXchange mobile solution, the application has offline store and forward functionality. This means the visit data is collected at the time of the service and uploaded automatically once internet connectivity is established.

Q:	28. We provide services to children who receive services provided by the same DSW in the home and outside of the home, e.g., school, during the same visit. How should these visits be treated?
A:	In cases where a member receives services both in the home and outside of the home during the same visit by the same DSW, they would be entered like any other visit. For example, part of the visit is at home and part of the visit is at school, or some other community location such as a store, family's home, etc. In this scenario, the visit's start and end times would be entered as they normally would. This means the DSW should enter the start and end time of the visit regardless of their location at the start and end times. As indicated previously, the HHAeXchange system will allow this even though start and end times may be outside of the geofence. Other examples could include: - Visit starts at home and ends in community - Visit starts at home, there is a community outing, visit ends at home - Visit starts in community and ends at home Visits that take place entirely outside of the home are not subject to EVV and do not need to be captured via EVV. We would expect to see the CG modifier on the claim line indicating that although the procedure code is typically subject to EVV, per policy, EVV is not required.

	29. How should overnight visits be treated?
	Visits that span overnight do not need to be broken up into two separate visits. For example, the workers shift is from 9:00 pm to 6:00 am. The shift should be reflected as one visit. In terms of how we would expect to see this on a claim. For visits that occur overnight and span two days, the visit should be submitted on one claim line with all units claimed on the date of service when the visit began. 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: 1/4/2025 | T1019 | 36 units

	30. For self-directed services, does overtime impact EVV?
	Self-directed respite and self-directed attendant care DSPs are paid overtime as appropriate. Overtime is not prior authorized. The payment of overtime is indicated with the inclusion of the TU modifier on the claim line. For purposes of EVV, the payment of overtime does not impact how visit data is collected. Providers will need to break out dates of service and indicate the payment of overtime with the TU modifier on separate claim lines.

Q:	31. What if we have clients that will not allow technology in their home and will not allow use of a landline?
A:	In this circumstance, the worker is permitted to check in and out in their vehicle.

Q:	32. Will self-directed services go through the same process of EVV verification?
A:	Yes, self-directed services have the same requirements as other EVV services. The requirements are designed to be flexible enough to address the unique circumstances of self-directed services.

Q:	33. What financial accommodation can be made for providers who prepared for EVV in advance by acquiring software and implementing EVV already?
A:	Unfortunately, no additional funding can be made to providers who have already invested in software and devices.

Third Party/Alternative EVV Systems

Q:	34. How do we upload our visit data to the data aggregator?
A:	The third-party vendor will upload visits to the HHAeXchange aggregator. Visits should be uploaded to the aggregator within seven days from the date of service. To facilitate matching, visit data must be submitted to the aggregator prior to submitting a claim for payment.

Q:	35. Do we have the option of using another aggregator?
A:	Providers have the option of using their own EVV systems; however, visit data must be sent to the HHAeXchange data aggregator.

Q:	36. Can you share specifications for alternate EVV systems?
A:	File specifications for alternate EVV systems can be found at https://dhss.delaware.gov/dmma/info_stats/

Q:	37. For agencies using their own scheduling/EVV system, is our data interfaced into the aggregator or are they to use the HHAeXchange application?
A:	Providers using their own EVV systems will not use the HHAeXchange application. Their data will be sent from their EVV system to the HHAeXchange data aggregator.

Q:	38. I thought I wanted to continue to use my own system but now I have decided I want to use HHAeXchange. Can I do this?
A:	Yes, providers who have their own EVV systems may switch to HHAeXchange at any time. Please be aware there is some time involved with training and onboarding to HHAeXchange. Information and the form to notify DMMA of this decision can be found on the DMMA website.

Q:	39. Is there a portal for agencies using an alternate EVV system to view what is, is not accepted, or has exceptions?
A:	Yes, they can use the HHAeXchange aggregator portal to view visits. If a visit requires correction, the provider will need to make changes in their EVV system and then resubmit it to HHAeXchange.

Q:	40. Can HHAeXchange provide a list of third-party/alternate systems they have integrated within other states?
A:	A list of third-party/alternate systems that currently connect with HHAeXchange in other states can be found on the DMMA website.

Q:	41. Are alternate EVV systems required to use the same rounding rules for visits as those being used in HHAeXchange?
A:	We recommend that you submit raw visit data to HHAeXchange with no rounding rules applied. HHAeXchange will apply rounding rules.

Q:	42. If a provider provides multiple shifts to the same members on the same date of service, can the visits be rolled up into a single claim line?
A:	Yes, in this scenario, multiple visits subject to EVV for the same service to the same member on the same day can be rolled up into a single claim detail line for the date of service.

Q:	43. If you are using alternate EVV vendor, what happens if you submit a visit after seven days?
A:	At this time, there is no negative consequence for providers if the alternate EVV vendor does not submit visits within seven days; however, visit data must be present in the aggregator prior to the claim being submitted for payment. We strongly encourage you to work with your vendor to develop a cadence of submission that aligns your claim submission timeframe.

Training

Q:	44. Will provider training be separated by those who are using HHAeXchange and those using their own EVV systems?
A:	Yes, those using third party EVV's will receive only aggregator training which is self-paced.

Q:	45. Can you please clarify when training for providers who have their own EVV systems will take place?
A:	Training for Alternate EVV users is found in HHAeXchange' s learning management system.

Provider Registration Portal

Q:	46. How do providers get started working with HHAeXchange?
A:	The first step is to register with the HHAeXchange Provider Registration Portal. This is a requirement that all providers must fulfill. **If you have your MCDID**: • Visit the HHAeXchange EVV Provider Self-Registration Portal. • Self-register for the Delaware Health and Social Services' EVV program. • Indicate, when self-registering, whether you will use the HHAeXchange EVV system or an alternate EVV system. • All MCDIDs under which you bill for services subject to EVV need to be registered in the portal. **NOTE:** Medicaid ID / Location ID (MCDID). This number is issued by the Delaware Medical Assistance Portal (DMAP) and is different from your National Provider Identifier (NPI) or Tax ID. The MCD will start with a '2'. If you are unsure of your MCD, it is displayed on the gray bar at the top of the home page under 'location' once you are logged in to the DMAP provider portal.

Q:	47. What number do I use for the HHAeXchange Provider Registration Portal?
A:	Providers must enter the MCDID under which they bill for services subject to EVV. If a provider has more than one MCDID under which they bill for EVV services, they need to register each MCDID separately. Additionally, please note that the HHAeXchange Provider Registration Portal allows for up to a 13-digit-number, but Delaware's MCDID is only a 9-digit number.

Q:	48. I received the following message "*The provider identifier entered is not found"* in the HHAeXchange Provider Registration portal, what should I do next?
A:	Verify that you provide services subject to EVV under that MCDID. The easiest way to do this is to look at the list of procedure codes and associated taxonomies to make sure the MCDID you are using is associated with the correct taxonomy. The list of procedure codes and taxonomies for EVV are posted on the DMMA EVV webpage which can be found at Public Information & Statistics - Delaware Health and Social Services - State of Delaware

Q:	49. I have questions regarding my MCDID, who should I contact?
A:	Providers who have questions about their MCDID should be directed to Gainwell Technologies: Telephone: 1-800-999-3371, Option 0, then Option 4 Email: delawarepret@gainwelltechnologies.com

Miscellaneous

Q:	50. Can you please clarify how the penalty for non-compliance is leveraged? I have heard of some states penalizing providers for non-compliance.
A:	Federal penalties for failure to implement EVV for personal care services by April 1, 2025, are leveraged at the state (not provider) level. Some states have chosen to penalize providers for failure to comply with state EVV requirements. DMMA is still developing its policy in this area.

Q:	51. What are KPIs?
A:	KPI stands for Key Performance Indicator. As part of the CMS EVV certification process, DMMA is required to report on KPIs related to the operation and performance of its EVV system. Information regarding DMMA's KPIs will be posted on the EVV website as soon as it is finalized. More general information about KPIs and the CMS Outcomes Based Certification process can be found at https://www.medicaid.gov/medicaid/data-systems/outcomes-based-certification/electronic-visit-verification-certification/index.html.

Q:	52. What is an FMSA?
A:	An FMSA is a financial management services agency. They support individuals who choose to self-direct their services. There are three FMSAs for the Diamond State Health Plan-Plus (DSHP-Plus) program, Easter Seals, JEVS, and GT Independence. The FMSA for Lifespan Waiver is Easter Seals.

Q:	53. Can you please provide the DMMA EVV email box address?
A:	Questions or comments regarding EVV may be submitted to DHSS_DMMA_EVV@delaware.gov

Q:	54. How should changes in member demographic information be communicated?
A:	If a member's demographic information (address, phone number, etc.) changes, the member should call the Division of Social Services change report center at (302) 571-4900 or report through the ASSIST website https://assist.dhss.delaware.gov/ by clicking on 'Report a Change'... The updated information will be sent to HHAeXchange and the MCOs via a regular data exchange.

Q:	55. Will there be a cadence of meetings to discuss concerns and/or changes?
A:	Yes, we will have scheduled provider forums every other month through November 2025. A schedule with a registration link is posted on the DMMA EVV web page and has been sent to the EVV list serve. The schedule with a registration link is posted on the DMMA EVV web page and was sent to the list serve in December of 2024.

Important Contacts

Questions regarding alternate EVV systems should be directed to HHAeXchange at: DEaltevv@sandata.com. Please note that when emailing HHAeXchange, providers **must** indicate that they are a Delaware provider (or alternate vendor).

General information about EVV, EVV third-party systems, forms, or information about provider EVV requirements is provided on the DMMA EVV website: https://dhss.delaware.gov/dhss/dmma/info_stats.html.

Questions about MCO EVV implementation should be directed to the following:

AmeriHealth: EVV_Provider_Notification@amerihealthcaritasde.com

Highmark: EVVProviderCommunication@highmark.com

Delaware First Health: EVVProviderCommunication@delawarefirsthealth.com

Questions or comments regarding EVV may be submitted to the EVV email box @ DHSS_DMMA_EVV@delaware.gov