



# EVV Provider Forum

December 30, 2025

Delaware Division of Medicaid and Medical Services

# Agenda

EVV Statistics

Hard Edit

Aggregator

CG Modifier

Span Billing

Coming Changes

Q&A

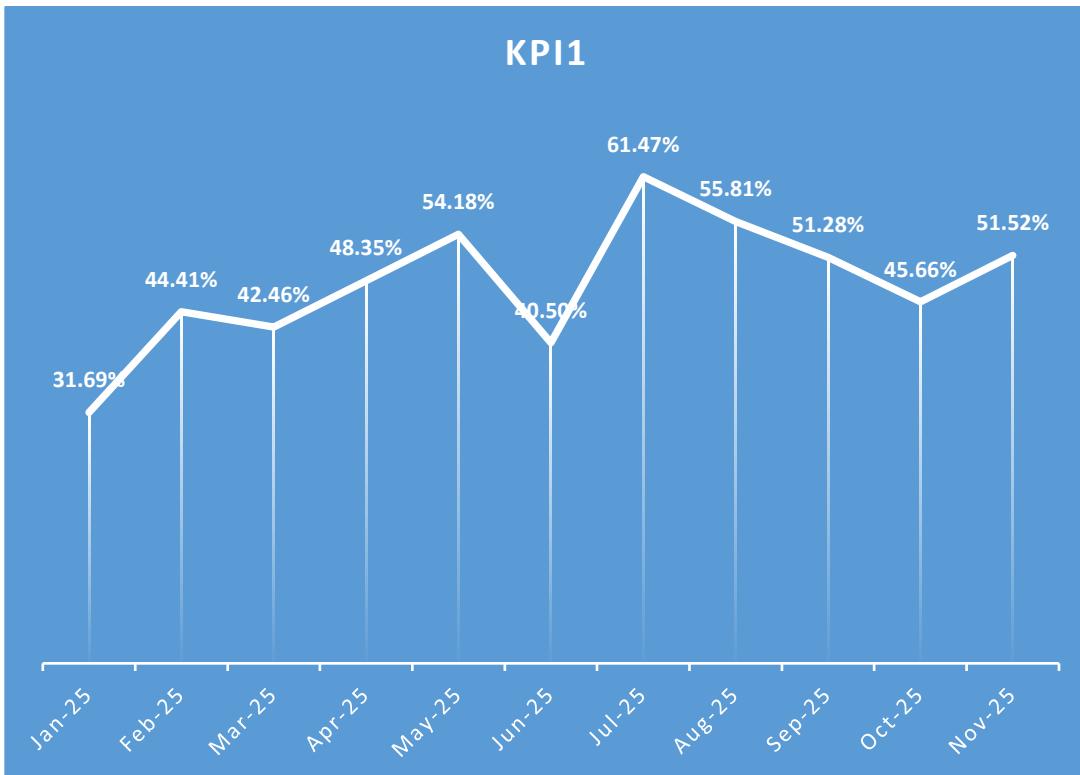
Contact Information

# EVV Statistics

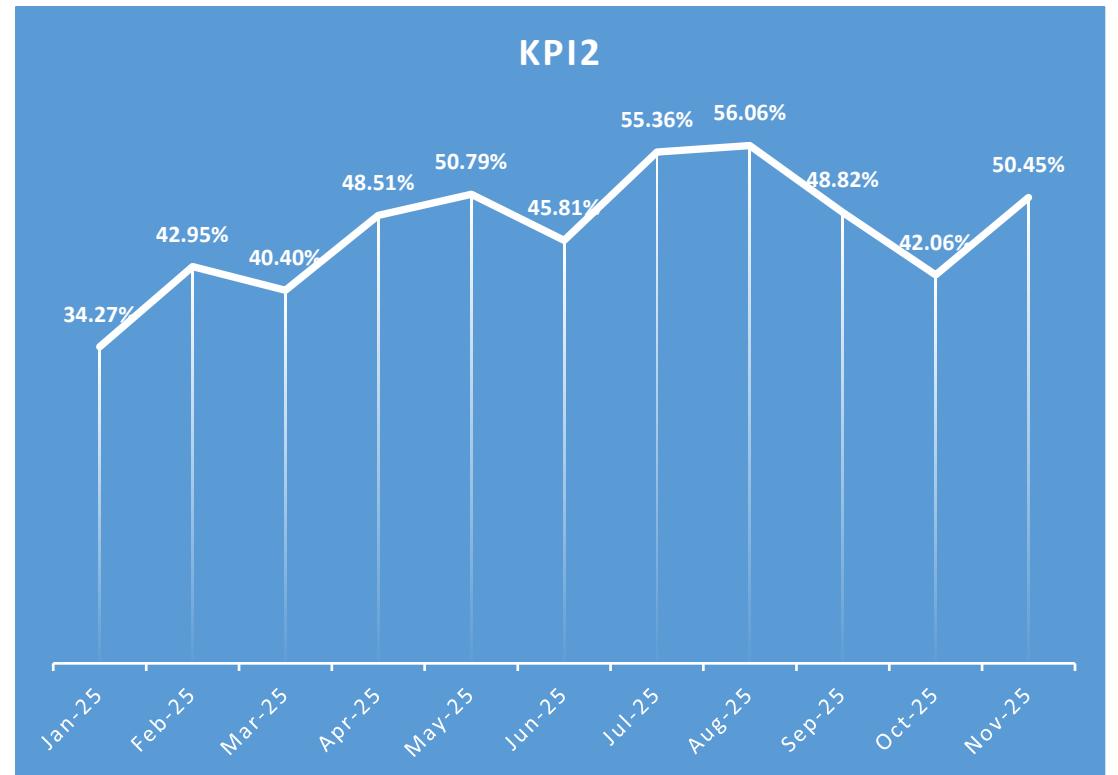
- EVV Statistics as of December 24, 2025
  - 2,286,281 visits submitted
  - 147 unique MCDIDs registered
  - 107 MCDIDs actively using system

# EVV Statistics

**KPI 1**



**KPI 2**



# EVV Statistics Cont'd

- KPI 1 measures the percentage of *paid claims or encounters* that have a corresponding, matching EVV record. It ensures that every service billed has a verified visit record.
- KPI 2 evaluates the *data integrity* of the EVV record itself *against the authorized plan of care*. It verifies that the service delivered matches the specific details of the authorization (e.g., procedure codes match, the provider is authorized for that client, and the number of units/time does not exceed approved limits).

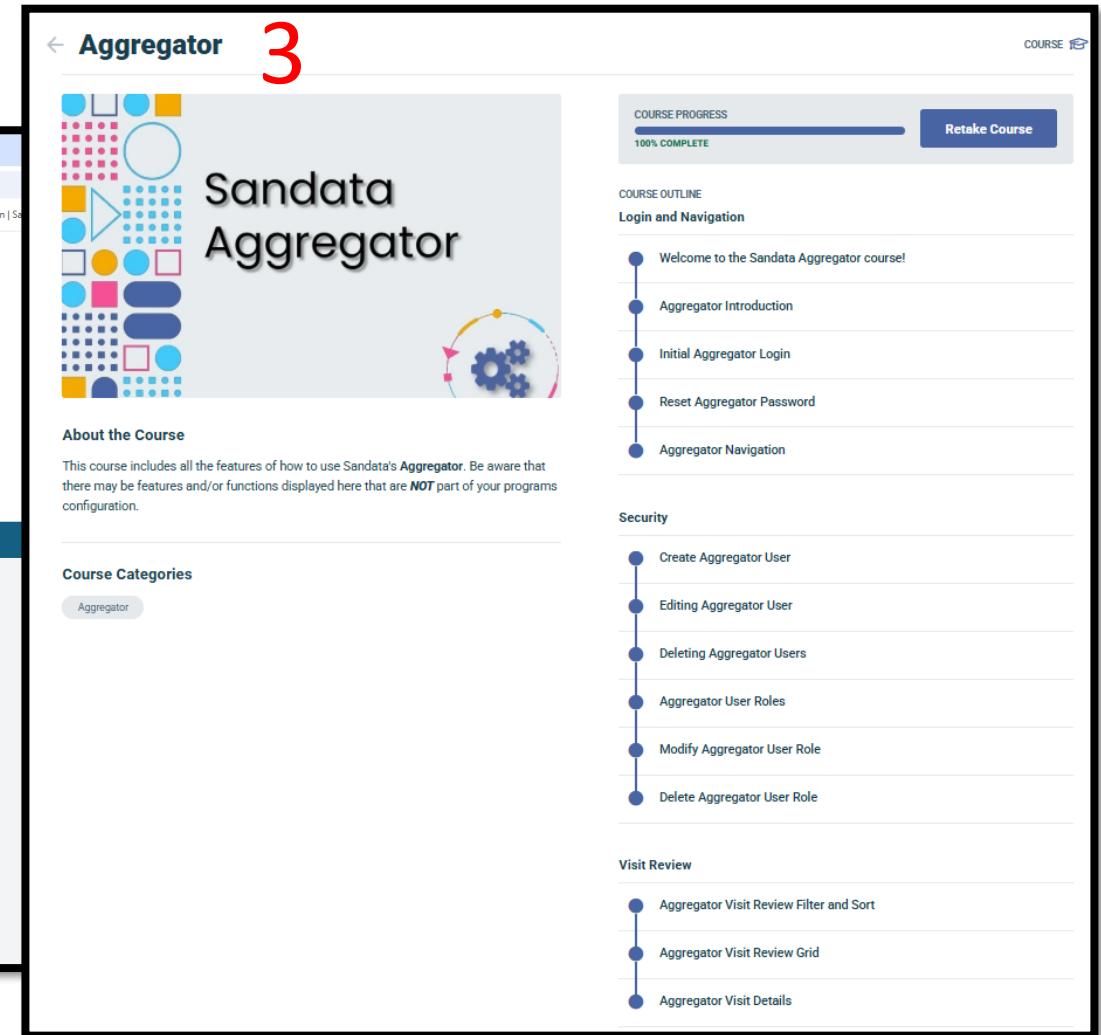
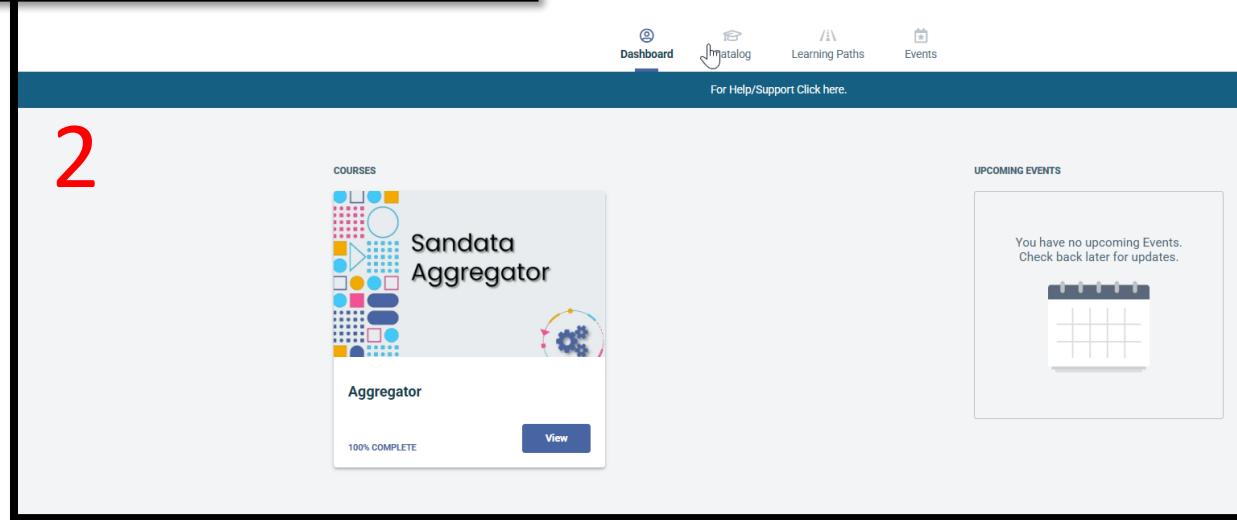
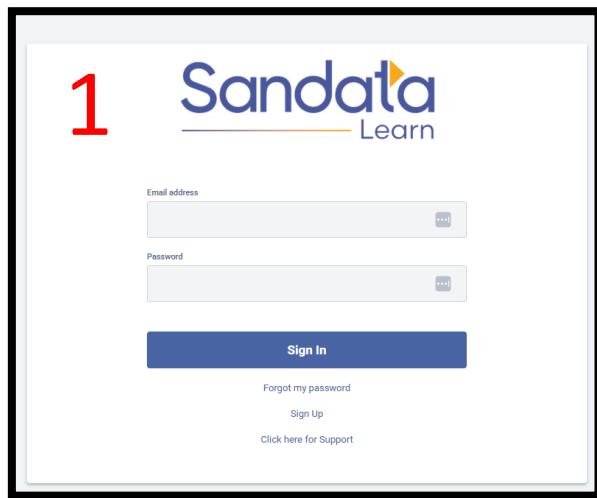
# Hard Edit Date

- **DMMA has targeted March 31, 2026, for implementation of the hard edit**
  - Claims for services subject to EVV with a date of service 3/31/2026 or later that fail matching to visit data will be denied.
  - Messages indicating mismatches are posted on RAs.
  - Work with the MCOs directly to address issues.

# What is the Aggregator?

- The Aggregator is a data repository housed by HHAeXchange/Sandata where visit data is collected, stored and matched to claims.
- Aggregator Training is available at [Sandata Learn](#).
- Alternate vendors send visit data, entered by caregivers into the alternate vendor system, to the Sandata Aggregator.
- DMES and the MCOs match claims data against visit data.
- If there is an issue with visit data, it must be fixed in the alternate system, with corrected visit data resubmitted to the HHA/Sandata aggregator.

# Use the Aggregator



# Use the Aggregator

- Check visit status.
  - Incomplete means there is an issue with the data. Red dots identify missing information (update in Alt EVV system and resubmit)

| Service                             | Visit Date | Scheduled Time In | Scheduled Time Out | Scheduled Hrs | Call In  | Call Out | Call Hours | Adjusted In | Adjusted Out | Adjusted Hours | Bill Hours | Visit Status | Do Not Bill              |
|-------------------------------------|------------|-------------------|--------------------|---------------|----------|----------|------------|-------------|--------------|----------------|------------|--------------|--------------------------|
| ICDE Attendant Care - Self-Directed | 04/05/2025 | 11:30 AM          | 10:00 PM           | 10:30         | 11:00 AM | ●        |            | 11:00 AM    |              |                |            | Incomplete   | <input type="checkbox"/> |
| ICDE Attendant Care - Self-Directed | 04/04/2025 | 07:00 AM          | 03:00 PM           | 08:00         | 06:55 AM | ●        |            | 06:55 AM    |              |                |            | Incomplete   | <input type="checkbox"/> |

- Verified status means there are no issues with the visit data.
- Processed status means a claim has matched against the visit data

# Use the Aggregator

W5

| Client Name | Employee Name | Service                          | Visit Date  | Scheduled Time In | Scheduled Time Out | Scheduled Hrs |              |                          |       |   |
|-------------|---------------|----------------------------------|-------------|-------------------|--------------------|---------------|--------------|--------------------------|-------|---|
| ██████████  | ██████████y   | HHO Attendant Care;Self-Directed | 09/18/2025  | 08:00 AM          | 12:00 PM           | 04:00         |              |                          |       |   |
| ██████████A | ██████████    | HHO Attendant Care;Self-Directed | 09/19/2025  | 07:00 AM          | 12:00 PM           | 05:00         |              |                          |       |   |
| ██████████I | ██████████a   | HHO Attendant Care;Self-Directed | 09/19/2025  | 08:00 AM          | 11:00 AM           | 03:00         |              |                          |       |   |
| Call In     | Call Out      | Call Hours                       | Adjusted In | Adjusted Out      | Adjusted Hours     | Bill Hours    | Visit Status | Do Not Bill              | Units | Actions   |
| 08:06 AM    | 12:01 PM      | 03:55                            | 08:06 AM    | 12:01 PM          |                    | 03:55         | Processed    | <input type="checkbox"/> | 16    |  |
| 07:12 AM    | 12:15 PM      | 05:03                            | 07:12 AM    | 12:15 PM          |                    | 05:03         | Processed    | <input type="checkbox"/> | 20    |  |
| 08:00 AM    | 11:03 AM      | 03:03                            | 08:00 AM    | 11:03 AM          |                    | 03:03         | Processed    | <input type="checkbox"/> | 12    |  |

# Aggregator Reports

- Once DMMA has determined the EVV program is adequately implemented and provider claims are matching visit data, it will consider capping the percentage of manual visit data.
- Providers who have fully implemented EVV and addressed issues are invited to begin monitoring the volume of visits data that requires manual intervention.

# Aggregator Reports

## Auto Verification Details

### Description:

This report displays all visits for the selected date range and shows how they were confirmed (manually or automatically) as well as the number of manual updates made to the visit.

### Use:

This report allows users to review all visits in detail and monitor trends in how frequently manual updates are made per visit. This helps support overall program compliance by showing the details of visit verification activity. For any program, the goal is typically to have as many auto-verified visits as possible to reduce manual editing. This helps improve the quality of visit capture and minimize the amount of work a provider agency must do.

# Aggregator Reports



The screenshot shows the Sandata Aggregator interface. The left sidebar contains navigation links: **Sadata Aggregator**, **≡**, **Q Navigate Modules**, **Visit Review** (highlighted in blue), **Reports** (highlighted in blue), **Authorizations**, **Security** (with a dropdown arrow), and **Online Manual**. The main content area is titled **Reports** and contains a **Select Report** section. Under **CORPORATION**, the dropdown shows **DE Agg**. Under **REPORT TYPE**, a dropdown shows **Select Report Type** with options: **Select Report Type**, **Alerts Reports**, **Authorizations**, **Billing**, **Daily Reports**, **Date Range Reports** (highlighted in blue), and **Security**. To the right, a **REPORT NAME** input field contains **Select Report Name**.

# Aggregator Reports

## Reports

Select Report

CORPORATION

DE Agg

REPORT TYPE

Date Range Reports

REPORT NAME

Select Report Name

- Select Report Name
- Auto Verification Report Detail
- Auto Verification Report Summary
- Client Visit Summary
- Daily / Weekly Hours Worked - Detail
- Daily / Weekly Hours Worked - Summary
- Employee Activity
- Employee Visit Log
- Expanded Visit Sum (Cli)
- Expanded Visit Sum (Emp)
- Full Visit Export
- Hours Worked Summary
- Individual Client Activity Report
- Late and Missed Visit Detail
- Lateness History Report
- Schedules by Client
- Schedules by Employee**
- Summary Visit Status

# Aggregator Reports

Reports

Select Report

CORPORATION

DE Agg

REPORT TYPE

Date Range Reports

REPORT NAME

Auto Verification Report Detail

Select Timeframe

\* indicates required field

FROM DATE \* MM/DD/YYYY

11/11/2025

TO DATE \* MM/DD/YYYY

11/25/2025

FROM TIME \* HH:MM AM/PM

12:00 AM

TO TIME \* HH:MM AM/PM

11:59 PM

Note: The range for this report cannot exceed 31 days.

Select Parameters

ACCOUNT

None selected **1**

PROGRAM

All selected (4) **3**

CONTRACT

All selected (4) **4**

SERVICE

All selected (243) **2**

Select the date parameters

1. Select your Agency STX
2. Select the Service
3. Program code (DDDS, DSHP, DSHPP or PRMISE)
4. Select Payer

# Aggregator Reports

- Auto Verification Details

| ACCOUNT: Interim Healthcare of Delaware (190132) |           |             |             |             |               | CALL TIME/CALL TYPE |             |          |             |
|--|-----------|-------------|-------------|-------------|---------------|---------------------|-------------|----------|-------------|
| VISIT DATE                                       | VISIT KEY | MEDICAID ID | CLIENT NAME | PROVIDER ID | VERIFIED TYPE | START               | MANUAL CALL | END      | MANUAL CALL |
| 11/1/2025  |           |             |             |             | M             | 06:36 PM            |             | 07:09 PM |             |
| 11/1/2025  |           |             |             |             | A             | 03:38 PM            |             | 04:09 PM |             |
| 11/1/2025  |           |             |             |             | M             | 01:00 PM            |             | 02:22 PM |             |
| 11/1/2025  |           |             |             |             | M             | 10:19 AM            |             | 12:10 PM |             |

| ADJUSTED TIME \$ |     |         | EDIT \$      |                                  |                |
|------------------|-----|---------|--------------|----------------------------------|----------------|
| START            | END | UPDATED | VISIT UPDATE | ACKNOWLEDGMENT EXCEPTION CODE \$ | REASON CODE \$ |
| 06:36 PM         | Y   | Y       |              |                                  | 999            |
| 02:00 PM         | Y   | Y       |              |                                  | 999            |
| 11:19 AM         | Y   | Y       |              |                                  | 999            |

# Aggregator Reports

## Auto Verification Summary

### **Description:**

This report displays auto verification statistics for each provider agency.

### **Use:**

This report allows users to compare the number of automatically verified visits versus manually confirmed visits across agencies. The report also displays all visits pending verification as well as schedules for which a visit was not started.

This report displays cross agency visit verification trends, which is intended to help overall program compliance. For any program, the goal is typically to have as many auto-verified visits as possible to reduce manual editing. This helps improve the quality of visit capture and minimize the amount of work a provider agency must do.

# Aggregator Reports

## Report Parameters

For: 12/1/2025 - 12/15/2025 11:59:59 PM  
Corporation: DE Agg

## AUTO VERIFICATION SUMMARY

| ACCOUNT       | ACCOUNT<br>NAME | PROVIDER<br>ID | VERIFIED VISITS |      |        |      | NON VERIFIED VISITS |     |      |     | WITH MANUAL UPDATES |    |                 |    |                |    | ALL VISITS         |       |                           |     |
|---------------|-----------------|----------------|-----------------|------|--------|------|---------------------|-----|------|-----|---------------------|----|-----------------|----|----------------|----|--------------------|-------|---------------------------|-----|
|               |                 |                | AUTO            | %    | MANUAL | %    | IN-COMPLETE         | %   | OMIT | %   | MANUAL<br>CALLS     | %  | MANUAL<br>EDITS | %  | ADJ.<br>VISITS | %  | VERIFIED<br>VISITS | %     | NON<br>VERIFIED<br>VISITS | %   |
| 1             |                 |                | 170             | 87.2 | 25     | 12.8 | 0                   | 0.0 | 0    | 0.0 | 4                   | 16 | 10              | 40 | 21             | 84 | 195                | 100.0 | 0                         | 0.0 |
| Grand Totals: |                 |                | 170             |      | 25     |      | 0                   |     | 0    |     | 4                   |    | 10              |    | 21             |    | 195                |       | 0                         |     |

\*\*The values in "WITH MANUAL UPDATES" section can overlap. This means that a visit can belong to more than one group.  
The percentage is based on all visits that were manually verified.

# CG Modifier

- Use CG modifier on claims for visits that do not require EVV. Examples of appropriate uses of CG modifier include:
  - The caregiver providing the service and the beneficiary live together
  - Medicare or another insurance is the primary payer (see next slide)
  - Visits that take place entirely outside of the home
- **CG** should be placed in the **first position**
- **Use of the CG modifier is being monitored by both DMMA and the MCOs.**

# CG Modifier—Examples for use

- The service is not a covered benefit under the primary insurance.
  - If Medicaid pays primary, the visit **must** be submitted to the Sandata aggregator, and the CG modifier **should not** be used on the claims.
  - If the MCO issues an advance beneficiary notice (ABN), then Medicaid pays as primary, the visit must be submitted to the aggregator and CG modifier **should not** be used on the claims.
- The primary insurance pays in part or full.
  - If the primary insurance pays in part or full, the visit is not subject to EVV, should not be submitted to the aggregator, and the CG modifier **is used**.

# No Span Billing

- Only one date of service per claim detail line.
- If a caregiver provided the same service 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.
- **Claims with more than one date of service on a single claim detail line will be denied beginning March 31, 2026.**

# Coming Changes

- Beginning in Q1 2026, HHAeXchange will begin system configurations that will require full social security number for every caregiver.
- No ETA for full implementation.
- Speak with your alternate vendors to inquire about how much time will be needed to implement this change.
- Updates will be provided as new information is available.

# Q&A/Wrap Up



# Contact Information

- **DMMA email:** [DHSS\\_DMMA\\_EVV@delaware.gov](mailto:DHSS_DMMA_EVV@delaware.gov)
- **DMMA website:** [https://dhss.delaware.gov/dmma/info\\_stats.html](https://dhss.delaware.gov/dmma/info_stats.html)
- **ACDE email:** [EVV\\_Provider\\_Notification@amerihealthcaritasde.com](mailto:EVV_Provider_Notification@amerihealthcaritasde.com)
  - Rahneesha Redd: [rredd@amerihealthcaritasde.com](mailto:rredd@amerihealthcaritasde.com)
- **DEFH email:** [EVVProviderCommunication@delawarefirsthealth.com](mailto:EVVProviderCommunication@delawarefirsthealth.com)
  - Beau Thompson: [William.thompson@delawarefirsthealth.com](mailto:William.thompson@delawarefirsthealth.com)

# Contact Information

- **HHO email:** [EVVProviderCommunication@highmark.com](mailto:EVVProviderCommunication@highmark.com)
  - **Skilled providers** from all counties can contact Santana Mechtenberg: [Santana.mechtenberg@highmark.com](mailto:Santana.mechtenberg@highmark.com)
  - **Unskilled providers from New Castle County** can contact Christina Hales at [Christina.hales@highmark.com](mailto:Christina.hales@highmark.com)
  - **Unskilled providers from Kent and Sussex County** can contact Sarah Pearson at [Sarah.pearson@highmark.com](mailto:Sarah.pearson@highmark.com)
  - **Hospital Agencies** from all counties can contact Desiree Charest at [desiree.charest@highmark.com](mailto:desiree.charest@highmark.com)

# Contact Information

- **Sandata/HHAeXchange Customer Service:**
  - Sandata users: 1.833.542.2603 or [decustomercare@sodata.com](mailto:decustomercare@sodata.com).
  - Alternate EVV system users: [DDealtevv@sodata.com](mailto:DDealtevv@sodata.com).
- When emailing Sandata/HHAeXchange, include Agency Name, STX, and “Delaware” in the subject line.
- In body of the email: Agency Name, Medicaid ID, Email Address, Vendor Name, Vendor Contact, Vendor email address and a brief description of the issue.
- Include screenshots, if applicable.