



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

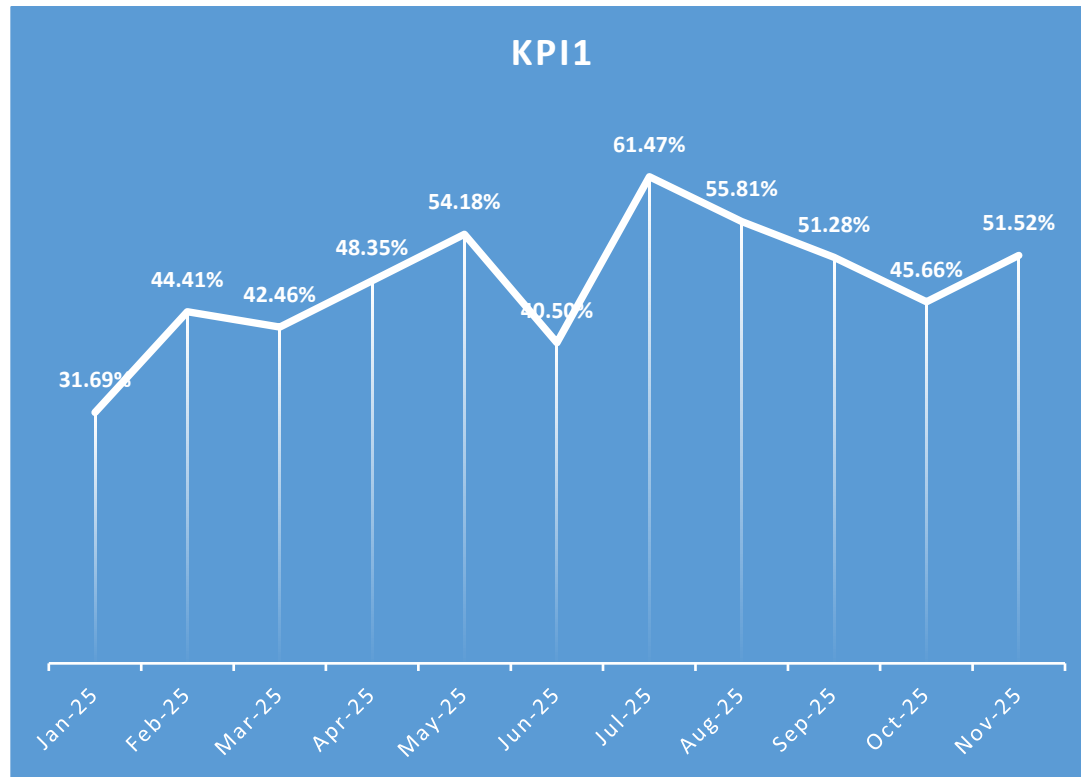
Contact Information

EVV Statistics

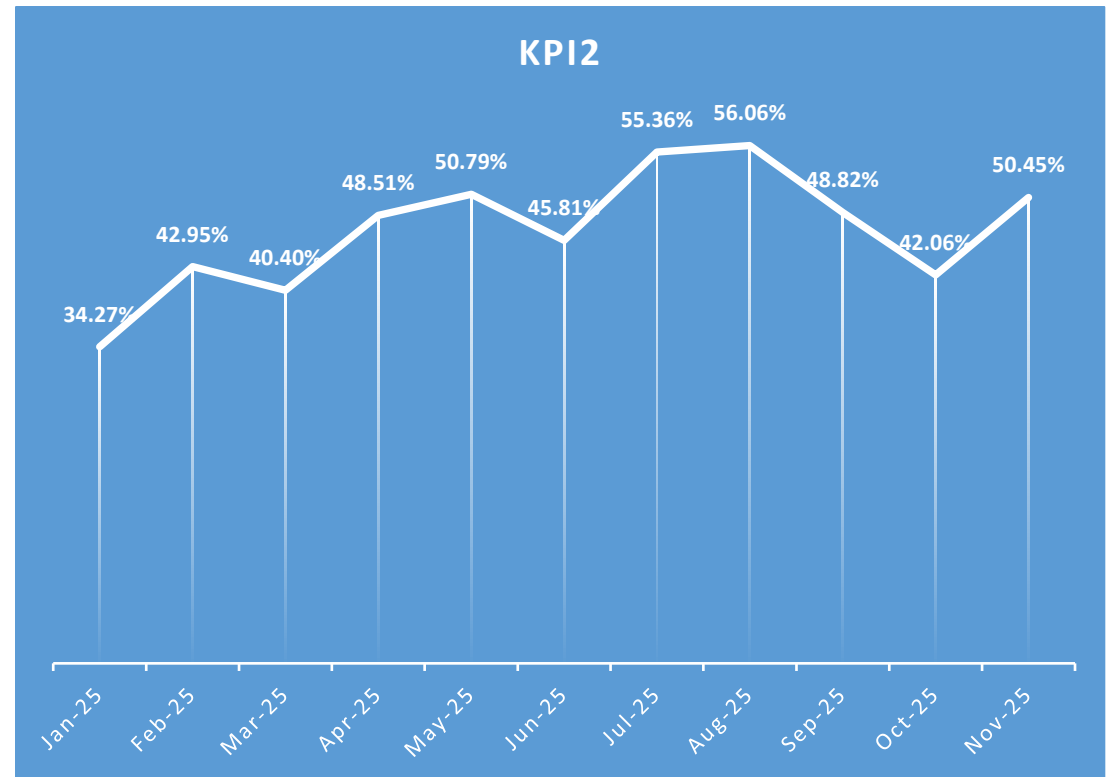
- EVV Statistics as of December 24, 2025
 - 2,286,281 visits submitted
 - 147 unique MCDIDs registered
 - 107 MCDIDs actively using system

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

1

Sandata
Learn

Email address

Password

Sign In

[Forgot my password](#)

[Sign Up](#)

[Click here for Support](#)

2

Sandata Aggregator

COURSES

Aggregator

100% COMPLETE

UPCOMING EVENTS

You have no upcoming Events.
Check back later for updates.

3

Aggregator

Sandata Aggregator

COURSE PROGRESS

100% COMPLETE

Retake Course

COURSE OUTLINE

Login and Navigation

- Welcome to the Sandata Aggregator course!
- Aggregator Introduction
- Initial Aggregator Login
- Reset Aggregator Password
- Aggregator Navigation

Security

- Create Aggregator User
- Editing Aggregator User
- Deleting Aggregator Users
- Aggregator User Roles
- Modify Aggregator User Role
- Delete Aggregator User Role

Visit Review

- Aggregator Visit Review Filter and Sort
- Aggregator Visit Review Grid
- Aggregator Visit Details

About the Course

This course includes all the features of how to use Sandata's **Aggregator**. Be aware that there may be features and/or functions displayed here that are **NOT** part of your programs configuration.

Course Categories

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
WCDL 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"/>
WCDL 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

w										
Client Name	Employee Name	Service	Visit Date	Scheduled Time In	Scheduled Time Out	Scheduled Hrs				
		HHO Attendant CareSelf-Directed	09/18/2025	08:00 AM	12:00 PM	04:00				
A		HHO Attendant CareSelf-Directed	09/19/2025	07:00 AM	12:00 PM	05:00				
I	ja	HHO Attendant CareSelf-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






 Navigate Modules

 Visit Review

 Reports

 Authorizations

 Security

 Online Manual

Reports

Select Report

CORPORATION

DE Agg

REPORT TYPE

Select Report Type

Select Report Type

Alerts Reports

Authorizations

Billing

Daily Reports

Date Range Reports

Security

REPORT NAME

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**

SERVICE
All selected (243) **2**

CONTRACT
All selected (4) **4**

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	05:36 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 TIMES			EDIT		
START	END	UPDATED	VISIT UPDATE	ACKNOWLEDGMENT EXCEPTION CODE	REASON CODE
	05:36 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

			VERIFIED VISITS				NON VERIFIED VISITS				WITH MANUAL UPDATES						ALL VISITS			
ACCOUNT	ACCOUNT NAME	PROVIDER ID	AUTO	%	MANUAL	%	IN-COMPLETE	%	OMIT	%	MANUAL CALLS	%	MANUAL EDITS	%	ADJ. VISITS	%	VERIFIED VISITS	%	NON VERIFIED 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
- **DMMA website:** https://dhss.delaware.gov/dmma/info_stats.html
- **ACDE email:** EVV_Provider_Notification@amerihealthcaritasde.com
 - Rahneesha Redd: rredd@amerihealthcaritasde.com
- **DEFH email:** EVVProviderCommunication@delawarefirsthealth.com
 - Beau Thompson: William.thompson@delawarefirsthealth.com

Contact Information

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

Contact Information

- **Sandata/HHAEExchange Customer Service:**
 - Sandata users: 1.833.542.2603 or decustomer@sandata.com.
 - Alternate EVV system users: DEaltev@sandata.com.
- When emailing Sandata/HHAEExchange, 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.