



EVV Provider Forum

March 26, 2025

Delaware Division of Medicaid and Medical Services

Agenda

Welcome and Introductions

Project Updates

Registering New MCDIDs

Terminating MCDIDs

Soft Edits

Training

Trouble Shooting

Obtaining Member ID

Hard Edits

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Project Updates

- EVV Statistics as of March 24, 2025
 - 1,507,204 visits submitted
 - 126 unique MCDIDs registered
 - 83 MCDIDs actively using system

Registering New MCDIDs

- When registering new MCDIDs, Sandata recommends using the Chrome browser
- If you have a change of address, you must register a new MCDID with the new service location.
- Providers must register with taxonomies that align with their licensure/certification type.
 - Agencies that are not licensed to provide skilled services (nursing, skilled rehab therapies) may not register with skilled taxonomies.

Registering New MCDIDs

- Agencies that are not licensed to provide skilled services (nursing, skilled rehab therapies) may not register with skilled taxonomies.
- Consider using 253Z00000X--In Home Supportive Care
 - One of the most versatile taxonomies available
 - Appropriate for G0156, S5120, S5125, S5130, S5135, S5150, T1005 and T2040

Registering New MCDID

- Once a new MCDID is registered, immediately notify the MCOs that you contract with so they can align.
- Clearly indicate whether the new MCDID is replacing an old one.
- Once aligned with at least one MCO, Gainwell will send the MCDID to Sandata.
- Register the new MCDID with Sandata (recommend use of Chrome browser).
- Log into the Aggregator to confirm visit data are available and validated.
- Complete a Sandata ticket to inactivate existing STX account.

Inactivate Old MCDIDs

- MCDIDs terminated in DMES must also be inactivated in the Sandata system.
- To inactivate an MCDID with Sandata, email decustomercare@sandata.com
 - Include “Delaware” and the Sandata assigned account (STX) number in the subject line.
 - Ask that the account associated with the terminated MCDID be closed.

Soft Edits Implemented

- AmeriHealth, Delaware First Health, Highmark, and Medicaid FFS have all implemented the soft edit.
- Soft edit means that the claim will be paid; however, a message will be posted on the remittance advice when a claim cannot be matched to a visit.
 - Note that HHO is not posting messages on RAs.
- All three MCOs are outreaching providers who have claims matching challenges.
- Providers can log into the Sandata Aggregator for details about visit data, including why a visit failed validation.
- All issues must be addressed in the appropriate system (alternate EVV or Sandata).

EVV Training—Sandata Aggregator

- Regardless of your EVV system, all providers need to access the Sandata Aggregator to verify that your visit data is being captured.
- All providers must complete training, even if you have experience using the system in another state. Aggregator Training is available at [Sandata Learn](#).

EVV Training—Sandata EVV Enhanced

- For those using the Sandata EVV Enhanced platform.
 - Log In: Visit [Sandata EVV](#) at your usual URL - no changed there!
 - Enter Your Credentials: Your username and password remain the same.
 - Explore: Discover the updated dashboard and enjoy a guided tour of the enhanced feature, right within the portal.
- Need Help?
 - Sandata training resources are available 24/7 on [Sandata Learn](#), along with helpful support materials at [Sandata On-Demand](#).

Trouble Shooting-Visit and Claim Mismatches

- **Step 1:** Log into the Sandata aggregator to check visit status.
- Visits should be in a verified status.
 - If visits are in a verified status go to Step 2.
 - If visits are not in a verified status, the Aggregator will identify the issue with the visit data that must be corrected.
- All issues identified must be resolved in your alternative EVV system and then resubmitted to Sandata.
- If a visit is missing, confirm the following:
 - Worker provided service as claimed and signed in/out of visit using your alt EVV system
 - Your alt EVV system recorded the visit data and sent to the Sandata aggregator
 - Your alt EVV provider is aligned appropriately to the Sandata STX account
 - Your members are identified using their Medicaid ID

Trouble Shooting Visit and Claim Mismatches

Step 2: Compare the visit data to the claim and review for accuracy.

- If the visit data reflects same date of service, member ID, provider agency ID, and units equal to or less than the units billed, then the claim will pay.
- If your claim reflects this but you received a RA message it could be that you included more than one date of service on a single claim detail line.
- Claims for services subject to EVV must be broken out into separate claim detail lines.

Aggregator Messages

- A verified status means all data required for matching is present.
- A processed visit means that claim/encounter data was matched to the visit.
 - An MCO matched claim data to the visit
 - Gainwell matched encounter data to the visit

No Span Billing

- Claims for EVV services must list each date of service on a separate claim detail line.
- If a caregiver provided the same services daily from 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.

Span Billing Change to Daily Billing

The example below illustrates the change from Span Billing to Daily Billing

Individual received 2 hours of service a day (8 units) from 1/4/2025 to 1/8/2025.

SPAN BILLING			
DATE	CODE	Units	COST
1/4/2025 – 1/8/2025	T1019	40	\$150.00

DAILY BILLING			
DATE	CODE	Units	COST
1/4/2025	T1019	8	\$30.00
1/5/2025	T1019	8	\$30.00
1/6/2025	T1019	8	\$30.00
1/7/2025	T1019	8	\$30.00
1/8/2025	T1019	8	\$30.00

EVV Claims

Multiple Visits on Same Day

- a. Multiple visits for the same service on the same date of service must be included on the same claim line.
- For example, the individual receives 1 hour (4 units) of service 3 x a day.

DAILY BILLING (Multiple Visits in Same Day)			
DATE	CODE	Units	COST
1/4/2025	T1019	12	\$45.00

Trouble Shooting Visit and Claim Mismatches

- If the units billed is more than what is reflected in visit data, then the claim will deny (after the hard edit is implemented).
- Determine if the visit record or claim is correct and adjust the other documentation as needed.
- If the visit data requires modification, make the change in your alternative EVV system and resubmit visit data to Sandata; or
- If you determine the claim requires modification, please adjust the claim and resubmit to the appropriate payer (DMES for FFS, MCO for Managed Care)

Obtaining Member Medicaid ID

- Providers must use the member's Medicaid ID (MID) as the identifier. Providers can obtain this number in a variety of ways as described below.
 - Members Medicaid/MCO ID Card — The member's Medicaid/MCO ID card will contain both the MCO assigned ID and the MID.
 - Call the Automated Voice Response System (AVRS) — Call 1.800.999.3371 and select option 1. The following will be needed for the call:
 - NPI
 - PIN (last 4 of Tax ID or SSN — if individual)
 - Taxonomy
 - Zip Code that matches what is in DMES
 - Contact the MCO with whom the member is enrolled

Obtaining Member Medicaid ID

- Providers who have a FFS contract can search on the DMES provider portal
- In order to use the portal, providers must first register.
 - You register using your MCDID and PIN (last 4 of Tax ID or SSN — if individual).
- Providers can also create delegates to work on your behalf. Delegate access can be limited to verifying eligibility only. Each delegate would register with their own account based on the creation of the delegate account by the provider.
- Below is a link to instructions on how to verify eligibility on the portal:
https://medicaidpublications.dhss.delaware.gov/docs/search?Command=Core_Download&EntryId=566

Reminders

- Claims for services subject to EVV must still go through all “typical” claims edits in addition to the EVV edits.
 - Just because a claim passes all EVV edits does not guarantee the claim will be paid.
- To promote matching accuracy, providers should submit their visit data to Sandata as quickly as possible after the visit.

Reminders

- Reminder to use CG modifier on claims for visits that do not require EVV.
 - Examples: EVV services that are provided by live-in caregivers
- Change order for adding new procedure code/modifiers and to correct rounding rules is still in process. No ETA.
- Change order to require use of full SSN is in progress. No ETA.

Hard Edits

- Hard edit means if no corresponding EVV visit is found, the claim will be denied.
- DMMA has targeted July 1, 2025, for implementation of the hard edit.
- Providers are strongly encouraged to log into the aggregator to view the status of their visits.
- Aggregator Training is available at [Sandata Learn](#).

Provider Outreach

- The State and MCOs are holding 1:1 meetings with providers who continue to have challenges.
- If you need help and have not been contacted, please email Rachel.Henrichs@mercer.com.

Q&A/Wrap Up



Additional Questions and Information

- **Sandata Customer Service:**

- Sandata users: 1.833.542.2603 or decustomercare@sandata.com.
 - Alternate EVV system users: DEaltev@ sandata.com.
- When emailing Sandata, 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.

Additional Questions and 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
- **DEFH email:** EVVProviderCommunication@delawarefirsthealth.com
- **HHO email:** EVVProviderCommunication@highmark.com