



EVV Provider Forum

November 19, 2025

Delaware Division of Medicaid and Medical Services

Agenda

Project Updates

Hard Edit

Span Billing

Aggregator

CG Modifier

Member Medicaid ID

Q&A

Project Updates

KPI 1

KPI 2

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.

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.**

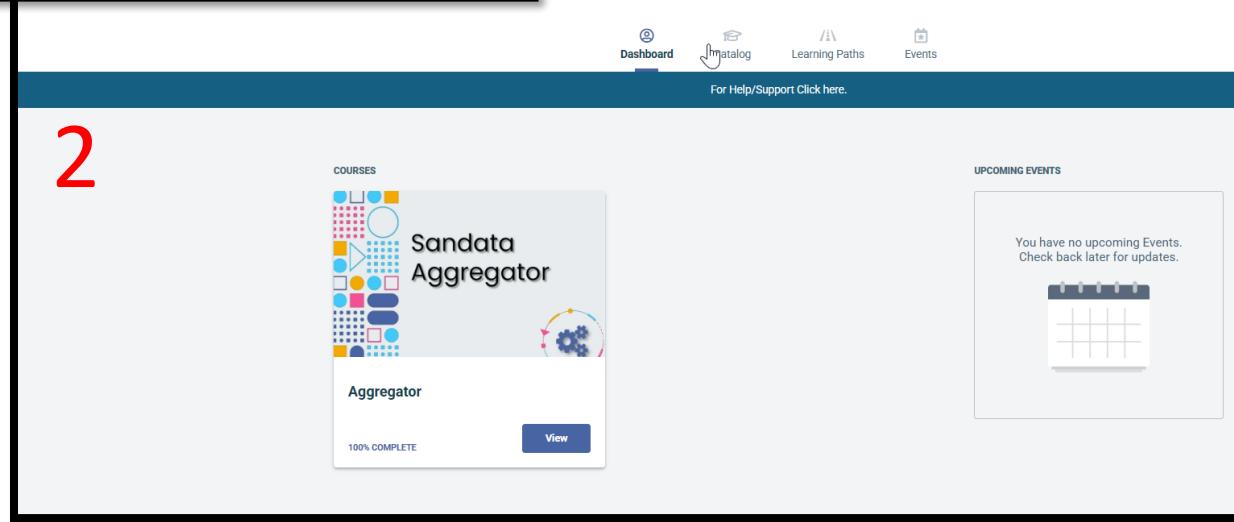
What is the Aggregator?

- The Aggregator is where claims match to visits.
- Alternate vendors send visit data, entered by caregivers into the alternate vendor system, to Sandata Aggregator.
- MCOs send claims submitted to the Aggregator to match visits.
- If there is an issue with visit data, it must be fixed in the alternate system.

Use the Aggregator

- Regardless of your EVV system, all providers need to access the 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](#).

Use the Aggregator



Use the Aggregator

- 1. Log into the Sandata aggregator to check the status of visits in the Sandata system.**
 - a. If no visit is recorded in the aggregator for this date of service confirm the following:**
 - i. Worker provided service as claimed
 - ii. Worker signed in/out of visit using your alt EVV system
 - iii. Your alt EVV system, recorded the visit data
 - iv. Your alt EVV system, sent the visit data to the Sandata aggregator
 1. If the answer to any of these questions is no, you must resolve the identified issue with the visit in your alternative EVV system and then resubmit the visit to Sandata.
 - b. The visit should be in a verified status. If the visit is in a verified status go to Step 2.**

Use the Aggregator

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

- a. If there is a visit on that date of service, for the member, that is equal to or less than the units billed, then the claim will pay.
- b. If the claim is more units than the visit, then the claim will deny.
 - i. If you determine that the visit data requires modification, make the change in your alternative EVV system and resubmit visit data to Sandata; or
 - ii. If you determine the claim requires modification, please adjust the claim and resubmit to the appropriate payer

Use the Aggregator

Step 1: Log into the Sandata 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	

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
 - 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.**

Instructions for Obtaining Member Medicaid ID

Providers **must use the member's Medicaid ID (MID) as the identifier** in the Sandata EVV system. This number is also a required data element in the alternate EVV vendor visit file. Providers can obtain this number in a variety of ways as described below.

- **Members Medicaid/MCO Card** — The member's Medicaid/MCO card will contain both the MCO assigned ID and the MID.
- **Call the Automated Voice Response System (AVRS)** — Call 1.800.999.3371 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**

Instructions for Obtaining Member Medicaid ID

- **Search on the DMES provider portal** (Please Note: Currently, this functionality is only available to providers who have a FFS contract and is not available to providers that only contract with the MCOs. DMMA is working to make changes in DMAP to allow MCO only providers to access this information. Providers will be notified when this functionality is available). — 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). Once registered, providers have access to the secure portal where eligibility can be verified. 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

Additional Questions and Information

- **Sandata/HHAeXchange Customer Service:**
 - Sandata users: 1.833.542.2603 or decustomercare@sodata.com.
 - Alternate EVV system users: DEltevv@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.

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
 - Rahneesha Redd: rredd@amerihealthcaritasde.com
- **DEFH email:** EVVProviderCommunication@delawarefirsthealth.com
 - Beau Thompson: William.thompson@delawarefirsthealth.com

Additional Questions and 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

Q&A/Wrap Up

