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. 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. Starting on December 30, 2022, you must begin to collect EVV visit data or if you use an alternate EVV vendor, you must begin submitting your visit data to Sandata. 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 as of December 20, 2022. Providers may either use their own EVV solution, if it meets State and federal requirements, or they may use the State's solution, Sandata.

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

Q:	10. Can DMMA confirm that the State conducting a soft launch/pilot?
A:	A soft launch is targeted for November of 2022. A select number of providers will participate in the soft launch/pilot.

EVV Process Requirements

Q:	11. 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:	12. 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 Sandata application. State-issued devices will include the Sandata application and 911 capabilities only.

Q:	13. 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 on the DMMA website. Public Information & Statistics - Delaware Health and Social Services - State of Delaware

Q:	14. What impact, if any, to 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:	At go-live, EVV visits will not be edited against claims. Claims will continue to be paid as they are today. Beginning in the spring of 2024 the State and the MCOs will use visit data as part of a post-payment review process. If the outcome of this process shows 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 January 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, if no visit is present the claim will be denied.

Q:	15. 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:	16. 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:	17. 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 via the EVV web portal. Providers will receive notifications in near real-time of missing or incomplete visit data if they choose. In addition, providers can run reports which show missing visit information. This will be outlined during training.

Q:	18. 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 Sandata 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:	19. 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 Sandata. 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) under certain circumstances.

Q:	20. What are the acceptable methods for collection of signatures?
A:	For providers who are using the Sandata mobile application, the signature is collected on the mobile device. For providers using the Sandata Interactive Voice Response (IVR), the signature will be collected via a voice attestation.

Q:	21. If a prior authorization is not present in Sandata, will the visit be rejected?
A:	For providers using the Sandata 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, a prior authorization is not required. In these cases, the provider will create their own prior authorization within the Sandata system. This will be addressed in provider training. For providers who are sending their visit data to the aggregator, an authorization must exist in the system.

Q:	22. Has there been an acceptable geofencing distance determined by Delaware for proximity requirements?
A:	Yes, for a provider using Sandata 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 Sandata 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 Sandata 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:	23. Does the Geofence apply to both Sandata and non Sandata 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:	24. Will schedules have to be populated first and then matched, or just completed visits?
A:	The use of schedules within Sandata is optional. If a provider chooses to enter a schedule into Sandata, they will be notified of late visits (30 minutes after scheduled start time) and missed visits (60 minutes after scheduled start time).

Q:	25. 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:	26. How will the State distinguish claims for visits that are typically subject to EVV, but are performed by live-in caregivers?
A:	The caregiver (CG) modifier will be used on claims that would normally be subject to EVV, but meet the conditions prescribed by the State to not be subject to EVV. This informational modifier is assigned to claims with procedure codes that are typically subject to EVV to indicate that the service is not subject to EVV per DMMA policy. Reasons include: services provided by a paid caregiver who lives with the individual, services provided in a location outside of the home (e.g., school, hospital when an individual is enrolled in the Lifespan waiver), services provided in a residential setting, services provided as part of the hospice benefit when the individual is enrolled in hospice, services provided to a newborn who does not yet have their own Medicaid ID number, and service provided out of State.

Q:	27. Some members receive services from both a DSW who lives with them and a DSW who comes in from outside of the home. In this case, how is the CG modifier used?
A:	The CG modifier is only used for claims for visits that are not subject to EVV. In this case, the CG modifier would be used for claims for those DSWs who live with the member. Claims for services provided by DSWs who come in from outside of the home would not include the CG modifier.

Q:	28. What if a member receives services from a DSW who lives with them and a DSW who comes into the home on the same date of service? Will there be an issue with the claim being denied as a duplicate?
A:	No, the provider needs to put the visits on two separate claim lines and include the CG modifier on the claim line for the visit performed by the DSW who lives with the member.

Q:	29. How is GPS captured if a DSW has no cell service?
A:	In Sandata, GPS is captured via satellite.

Q:	30. Will claims be submitted through the system or be handled outside the system?
A:	All claims for services subject to EVV will be submitted via the methods used today. There is no change to the claim's submission process. The EVV system does not submit claims.

Q:	31. Should providers wait to upload data until after the claim is paid or denied?
A:	Visit data should be submitted prior to claims submission. Although there is no editing of claims against visit data at this time it is important that providers to submit their visit data now and in a timely manner as visit data will be used as part of a post payment review process.

Q:	32. Are there changes to current claims processes?
A:	In preparation for the matching of claims to visit data providers should: a. Claims for EVV covered services must have each date of service on a separate claim line. For example, if a provider conducted EVV covered visits daily from Monday to Friday, each visit must appear on a separate line. The five visits can be on the same claim, but each visit must be on a separate line. Providers may no longer bundle visits onto the same claims line. b. Example of span/bundled billing versus daily billing of visits on a claim Individual received 2 hours of service a day (8 units) from 1/4/2023 to 1/8/2023.

SPAN BILLING			
DATE	**CODE**	**Units**	**COST**
1/4/2023 to 1/8/2023	T1019	40	$150.00

DAILY BILLING			
DATE	**CODE**	**Units**	**COST**
1/4/2023	T1019	8	$30.00
1/5/2023	T1019	8	$30.00
1/6/2023	T1019	8	$30.00
1/7/2023	T1019	8	$30.00
1/8/2023	T1019	8	$30.00

c. Multiple visits in the same day can 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**
1/4/2023	T1019	12	$45.00
1/5/2023	T1019	12	$45.00
1/6/2023	T1019	12	$45.00
1/7/2023	T1019	12	$45.00
1/8/2023	T1019	12	$45.00

d. As previously, noted overtime (denoted with the TU modifier) should be broken out on its own claim line. For example, the individual receives 10 (40 units) hours (2 five-hour visits) of service a day Monday-Friday.

DAILY BILLING (Multiple Visits in Same Day with OT)			
DATE	**CODE**	**Units**	
1/4/2023	T1019	40	
1/5/2023	T1019	40	
1/6/2023	T1019	40	
1/7/2023	T1019	40	
1/8/2023	T1019 TU	40	

If a DSP goes into overtime during a shift, the daily claim line should be broken into two claim lines. For example, an individual receives 9 hours (36 units) of service (1 4-hour visit and 1 5-hour visit) every day. Due to a staff, call off the same DSP covers all the shifts.

DAILY BILLING (Multiple Visits in Same Day with OT)			
DATE	**CODE**	**Units**	
1/4/2023	T1019	36	
1/5/2023	T1019	36	
1/6/2023	T1019	36	
1/7/2023	T1019	36	
1/8/2023	T1019	16	
1/8/2023	T1019 TU	20	

		1/9/2023	T1019 TU	36		
		1/10/2023	T1019 TU	36		

Q:	33. 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:	34. Can you please explain the rounding rules and how they will be used?

A:	For services where the unit of service is 15 minutes, the rounding rules are as follows:
	0s–479s (<8 min) = 0 Units
	480s–1379s (≥8 min <23 min) = 1 Unit
	1380s–2279s (≥23 min <38 min) = 2 Units
	2280s - 3179 (≥38min <53min) = 3 Units
	3180s – 4079(≥53min < 68min) = 4 Units, etc.
	
	For services that have a one-hour unit of service the rounding rules will vary by payer
	• FFS rounding rules for the following procedure codes: T2013, S9123, S9124
	  • 0s - 479s (<8 min) = 0 Units
	  • 480s - 1379s (≥8min <23min) = .25 Unit
	  • 1380s - 2279 (≥23min <38min) = .50 Unit
	  • 2280s - 3179 (≥38min <53min) = .75 Unit
	  • 3180s – 4079(≥53min < 68min) = 1 Unit
	  • (Calculated in partial hours)
	
	• Managed care rules for the following procedure codes: T2013, S9123, S9124, H0045
	  • >53 minutes and < 113 minutes= 1 unit
	  • >113 minutes and < 173 minutes = 2 units
	  • > 173 minutes and < 233 minutes = 3 units

Q:	35. Do the rounding rules in Sandata impact rounding for claims submission?
A:	Yes, the rounding rules affect the quantity of units that are billed on claims.

Q:	36. Will DMMA establish a threshold for an acceptable level of manual changes to EVV visits?
A:	No, not currently. This may be revisited by DMMA later.

Q:	37. 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 Sandata 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:	38. 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, 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 Sandata 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. For additional information regarding exceptions to the EVV policy and the use of the CG modifier see question # 26 on the EVV FAQ document.

	39. How should overnight visits be treated? **Updated 4.9.24**
	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: 1/4/2021 | T1019 | 36 units

	40. 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 over time 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:	41. What is the mandatory use date? What date is being used to determine if providers are in or out of EVV compliance?
A:	Delaware EVV went live on December 30, 2022. Providers should be collecting visit data through the Sandata solution and/or sending visit data to the Sandata aggregator now. DMMA is closely monitoring the uptake of EVV usage and is following up with providers individually as needed. The State expects that all providers subject to EVV are taking all necessary steps (completing the DMAP processes for securing a valid Medicaid Identifier (MCDID), registering with Sandata, completing training, and testing with Sandata if using an alternate EVV vendor) to comply with EVV.

Q:	42. 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:	43. The method of identifying the caregivers (first 3/last 4 SSN) can create duplicates. A solution is in the works at Sandata. Can you provide an update?
A:	An email address field has been added to help in the identification of caregivers.

Q:	44. 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:	45. What will happen with our claims once this goes live? Will they still process timely with or without EVV? Will they pend for a set period looking for EVV and then process?
A:	There are no changes to claims submission processes because of EVV implementation. Beginning in the spring of 2024 the State and the MCOs will use visit data as part of a post-payment review process. If the outcome of this process shows 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 January 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, if no visit is present the claim will be denied.

Q:	46. Just to be clear, once EVV goes live, claims will not be compared to EVV and will not receive denials. Claims will start to be compared mid next year?
A:	Beginning in the spring of 2024 the State and the MCOs will use visit data as part of a post-payment review process. If the outcome of this process shows 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 January 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, if no visit is present the claim will be denied.

Q:	47. Will there be an error message on the explanation of benefits (EOB's) that providers can look for to indicate future claims impact?
A:	DMMA is currently working with all the relevant payer systems and Sandata regarding claims processes for claims subject to EVV. Once the process is finalized, the State will share detailed information with providers.

Devices

Q:	48. Is there a cost to providers for State-provided devices?
A:	No, there is no cost to providers for the use of State-issued devices.

Q:	49. Who covers the cost of the data plan for State-provided devices?
A:	DMMA will cover the cost of the data plan required to operate the Sandata application on State-issued devices.

Q:	50. Can providers who utilize their own EVV systems receive State-provided devices?
A:	No, State-issued devices are only available to providers who use the Sandata application for visit verification and who do not have a device to use for visit verification. DMMA is implementing the bring your own device model whereby direct service professionals who have their own device are encouraged to download the Sandata application on their personal device free. The application can be used on a smart phone or tablet.

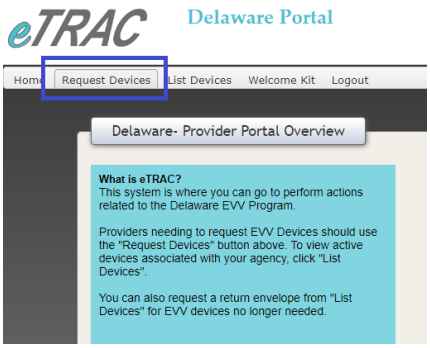
Q:	51. How many devices will each agency receive and who is responsible for any damage?
A:	Providers will receive a device for each DSW that needs one. DMMA and Sandata are currently developing a process for the replacement of damaged or lost State-issued devices.

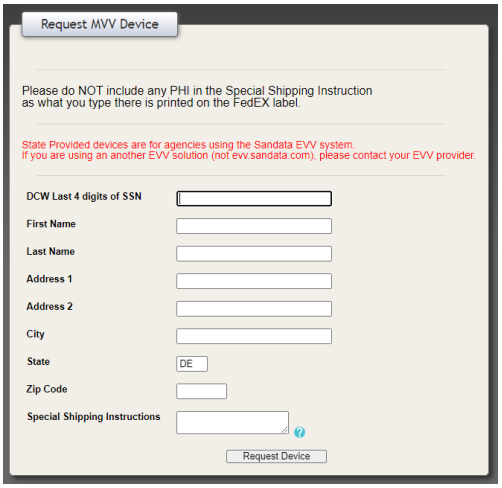
Q:	52. Funding was planned for provider use of Sandata software along with smart devices. What financial accommodation can be made for providers who prepared for EVV in advance by acquiring software and implementing EVV already?
A:	Unfortunately, no additional funding can be made to providers who have already invested in software and devices.

Q:	53. I am using Sandata as my EVV solution and need devices. Whom should I contact about this?
A:	See response to question # 55.

Q:	54. I am having a problem with my State-issued device. What do I do?
A:	Providers should call 1-833-542-2603 or email Sandata at decustomercare@sandata.com if they have problems with their State-issued device. Call center staff will work with the provider to troubleshoot the issue. If a replacement device is needed, instructions will be provided on shipping a replacement device and returning the defective/broken device. Providers may also receive assistance through the email box. If you utilize the email box, be sure to indicate that you are a Delaware user.

Q:	55. What is the process to obtain a State-issued device?
A:	Once you have successfully registered for eTrac and logged in (this the same system you use to retrieve their welcome kit), click the menu option for “Request Devices” and enter the information, including caregiver information and address for shipping (this can be the provider agency address or caregiver address if desired).





Additional information: Sandata asks for the name of the caregiver being assigned to the device so the agency will have record of who each device is for and will provide a “name” to track it on the inventory side. Once submitted, device requests can be tracked by clicking the “List Devices” screen. This screen will provide tracking information upon shipment, the ID of the device being sent, caregiver details, and the ability to reassign the device to a different caregiver. This will be the same screen to request a return envelope when the device is no longer used.

Third Party/Alternative EVV Systems

Q:	56. How do we upload our visit data to the data aggregator?
A:	The third-party vendor will upload their visits to the Sandata aggregator. Visits should be uploaded to the aggregator within seven days from the date of service.

Q:	57. 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 Sandata data aggregator.

Q:	58. Can you share specifications for alternate EVV systems?
A:	File specifications for alternate EVV systems can be found at evv_alt_spec_v1.6.pdf (delaware.gov)

Q:	59. For agencies using their own scheduling/EVV system, is our data to be interfaced into the aggregator or are they to use the Sandata application?
A:	Providers using their own EVV systems will not use the Sandata application. Their data will be sent from their EVV system to the Sandata data aggregator.

Q:	60. I thought I wanted to continue to use my own system, but now have decided I want to use Sandata. Can I do this?
A:	Yes, providers who have their own EVV systems may switch to Sandata at any time. Please be aware there is some time involved with training and onboarding to Sandata, so depending on when the provider notifies DMMA/Sandata of this decision, this switch may or may not take place prior to go-live. Information and the form to notify DMMA of this decision can be found on the DMMA website.

Q:	61. 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 Sandata aggregator portal to view visits. If a visit requires correction, the provider will need to make changes in their EVV system and then resubmit to Sandata.

Q:	62. Can Sandata 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 Sandata in other states can be found on the DMMA website.

Q:	63. Are alternate EVV systems required to use the same rounding rules for visits as those being used in Sandata?
A:	No, the rounding rules are only for visits being captured in Sandata.

Q:	64. 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 can be rolled up into the same claim line for the same date of service.

Q:	65. What happens if our alternate EVV vendor does not complete testing before the deadline?
A:	See response to question number 39.

Q:	66. 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, it will be advantageous to the provider for the vendor to develop a cadence of submission that meets this timeframe.

Training

Q:	67. Will provider training be separated by those who are using Sandata 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:	68. Can you please clarify when training for providers who have their own EVV systems will take place?
A:	Training for Alternate EVV users will be in Sandata's learning management system starting August 24, 2022.

Provider Registration Portal

Q:	69. How do providers get started working with Sandata?
A:	The first step is to register with the Sandata Provider Registration Portal. This is a requirement that all providers must fulfill. **If you have your MCDID**: • Visit the Sandata 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 Sandata 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:	70. What number do I use for the Sandata 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 Sandata Provider Registration Portal allows for up to a 13-digit-number, but Delaware's MCDID is only a 9-digit number.

Q:	71. I received the following message "*The provider identifier entered is not found*" in the Sandata 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 are in the document below.  EVV Payer Program Taxonomy Crosswal

Q:	72. 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:	73. 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 January 1, 2022, 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:	74. Is completion of the EVV Provider survey mandatory?
A:	No; however, all providers are strongly encouraged to complete the survey. The survey is short and provides DMMA and Sandata with vital information regarding a provider's current use of an EVV system as well as a provider's need for State-issued devices. Providers who do not complete the survey risk not receiving State-issued devices and/or valuable information about the use of the data aggregator prior to go-live.

Q:	75. Has CMS been asked if they will consider an extension of EVV due to COVID-19?
A:	Yes, the National Association of Medicaid Directors along with the National Association of State Directors of Developmental Disabilities Services and Advancing States sent a letter to Congress requesting a delay in the deadline for implementing EVV. To date, there has been no change to the deadline. Federal legislation is required to extend the deadline.

Q:	76. 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:	77. 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 the Lifespan Waiver is Easter Seals.

Q:	78. 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:	79. 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 Sandata and the MCOs via a regular exchange.

Q:	80. Will there be a cadence of meetings after January 1, 2023, to discuss concerns and/or changes?
A:	Yes, we will continue monthly provider's forums until at the end of calendar year 2023. A schedule with a registration link is posted on the DMMA EVV web page and has been sent to the EVV list serve. Starting in 2024 we will move to an every-other-month schedule. A new schedule with a registration link will be posted on the DMMA EVV web page and sent to the list serve in December of 2023.

Important Contacts

Questions about:

- State-issued devices
- Sandata application
- Interactive Voice Response

should be directed to the Sandata Customer Services by calling 1.833.542.2603 or emailing Sandata at decustomercare@sandata.com. Please note that when emailing Sandata, providers **must** indicate that they are a Delaware user.

Questions regarding alternate EVV systems should be directed to Sandata at: DEaltevv@sandata.com

General information about EVV, EVV third-party systems, forms, or information about provider EVV requirements should be directed to 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