



# EVV Provider Forum

October 25, 2023

Delaware Division of Medicaid and Medical Services

# Agenda

Welcome and Introductions

Project Updates

Cures Act Information

Q & A

# Project Updates

- EVV Statistics as of October 21, 2023
  - A total of 42 providers using 60 distinct MCDIDs are submitting visits to Sandata
  - 132 discreet MCDIDS are registered with Sandata
  - 361,006 visits have been submitted to Sandata with 339,914 (94%) in a verified status

# Project Updates

**Question:** Are visits provided as part of the Early Intervention, Part C subject to EVV?

**Answer:** No, visits provided as part of the Early Intervention, Part C program are not subject to EVV.

**Question:** Does the Geofence apply to both Sandata and non Sandata users, even if not turned on for alerts right now?

**Answer:** 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 shouldn't be sent when any part of the visit is performed outside of the currently configured geofence.

# Project Updates

**Question:** Will claims be submitted through the system or be handled outside the system?

**Answer:** 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.

# Cures Act Requirements

## Screening & Enrollment Defined

- **Screening** means CMS-required activities for enhanced Program Integrity functions to reduce fraud, waste, and abuse in the Delaware Medicaid Program.
  - Screening is required at initial enrollment, reenrollment, revalidation, and when adding or changing service locations.
  - Screening is conducted according to provider risk levels and includes additional disclosure requirements.
- **Enrollment** refers to the process to complete CMS-required screening for providers participating in Delaware Medicaid.
  - Successful enrollment means the provider is assigned a unique Medicaid identifier (MCD ID) for each taxonomy, NPI, physical practice location combination.

# Cures Act Requirements

## Who Needs to Enroll?

- **Rendering providers** –all providers who furnish services or items to Medicaid beneficiaries.  
Example. Dr. Jones a PCP.
- **Billing providers** –all providers who bill Medicaid MCOs (individual, organizational, facilities, etc.)
- **Non-billing providers** –any ordering, referring, prescribing and attending (ORPA) provider of services or items to Medicaid beneficiaries.

# Cures Act Requirements

## DMAP Enrollment Information

### How to Prepare for Enrollment

- Identify each active taxonomy used by billing and rendering providers of services to Medicaid beneficiaries
- Identify each service location where the provider furnishes services to Medicaid beneficiaries
- Confirm the ordering, referring, prescribing and attending providers are aware of the requirement to enroll in DMAP
- Confirm you have information required for DMAP application
- Enrollment Information

- ▶ Application (this enrollment)
- ▶ Tax ID Card/Assignment Letter (include as attachment)
- ▶ Provider Contract (noted on Agreement page)
- ▶ Business, Professional License, and/or Board Certification (include as attachment)
- ▶ Collaborative Agreement (Nurse Practitioner) (include as attachment)
- ▶ Drug Enforcement Administration (DEA) License, if applicable (include as attachment)
- ▶ Disclosure of Ownership and Control Interest Statement (entered on Disclosure page)
- ▶ Electronic Funds Transfer (EFT) Form (entered on EFT page)
- ▶ Electronic Remittance Advice (RA) Agreement (entered on ERA page)
- ▶ Delaware Title XIX Electronic Claim Submission Form (include as attachment)
- ▶ Institutional Fee or Hardship Payment Letter (include as attachment)
- ▶ Medicare Certification or Enrollment in another Medicaid State (include as attachment)
- ▶ Home Health Agency providers must successfully enroll in Medicare prior to enrolling with DMAP.
- ▶ DME providers must successfully enroll in Medicare prior to submitting this DMAP enrollment application.
- ▶ Verification of enrollment and or certification with Medicare or another State's Medicaid Program (or) CHIP.
- ▶ NPPES denial notification if provider does not qualify for NPI (include as attachment).



# Cures Act Requirements

## How to Enroll & Register

- To register and enroll, a provider should use the [DMAP How-to and FAQ guides](#) which have step by step instructions.
  - **DMAP Provider Screening & Enrollment FAQs**
  - **How To: Enrollment Guide for Current In-Network Managed Care Organization (MCO) Providers**  
*(Providers who received MCO claims payment prior to January 2022)*
  - **How-To: Complete a New Managed Care Organization-Only Provider (MCOP) Enrollment Application**  
*(Providers who received first MCO claims payment after January 2022)*
  - **How-To: Submit a RESET Request for an Application Tracking Number—Managed Care Organization-Only (MCOP) Enrollment**  
*(Providers who submitted an application it was denied, application was not processed because it was not completed on time OR providers who need to register a location that was unregistered)*
- Gainwell is available to walk a provider through questions relating to the enrollment and application process. See Resources on slide 14 for contact information.

# Cures Act Requirements

## Registration Tips (New MCOP Enrollment Application)

[How-To Enrollment Guide for New MCO Network Providers](#)):

- New provider in Delaware (never received MCO claims payment OR first time received MCO claims payment is after January 2022)
- Existing MCO provider (received MCO claims payment prior to January 2022) who has a **new service location** or **taxonomy** that is not in DMAP.
- To check if new location or taxonomy is IN DMAP, search the *MCO Only Provider Enrollment Application* for the new NPI, taxonomy and service location combination. If there are no results, submit the New MCOP Enrollment Application.

# Cures Act Requirements

## Registration Tips (Dual FFS and MCOP Enrollment and Change of Ownership)

- DUAL Enrollment

- If providers will be billing FFS and MCOs the same for the NPI, taxonomy and service location, providers should first submit an enrollment for FFS. In this instance, providers will not need to submit a separate MCO application because that will create duplicate MCD IDs.
- The DMAP Provider Portal has instructions for enrolling as a [Fee For Service Provider](#).

- MCO Provider Change of Ownership Process

- **DO NOT** complete a New MCO Provider Only application for a change of ownership.
- **DO** log into the DMAP portal and submit an updated disclosure statement.

# Cures Act Requirements

## **Registration Tips (Duplicate Service Location, NPI and Taxonomy combination)**

- There should not be any duplicate addresses for the same NPI, taxonomy and service location.
- If the DMAP portal displays more than 1 MCD ID for the same service location and taxonomy, providers will need to unregister the duplicate address.

# Cures Act Requirements

## Registration Tips (ATNs)

- An Application Tracking Number (ATN) is generated following the completion of an enrollment application and creation of a password. You should print and save the ATN so you can revise a submitted application.
- Instead of submitting a new application, **RESET your ATN IF:**
  - you submitted an application and it was denied;
  - your application was not processed because you did not complete it on time; OR
  - you need to register a location that was unregistered.

# Cures Act Resources

- [DMMA/DMAP FAQs and How to Guides](#)

(Visit DMAP portal at <https://medicaid.dhss.delaware.gov/provider>, click *Manuals, Bulletins and Forms* link on the left, and clicking on the *Managed Care Only Providers MCOP* in the documents folder on the left)

- DMAP Provider Services Phone: 1-800-999-3371, option 0 then option 4
- Email: [delawarepret@gainwelltechnologies.com](mailto:delawarepret@gainwelltechnologies.com)
- CMS Final Rule -<https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf> & CMS Medicaid Enrollment Compendium <https://www.medicare.gov/sites/default/files/2021-05/mpec-3222021.pdf>
- Joint MCO FAQs (to be provided)
- Each MCO Provider Services and/or Provider Relations/Engagement team

# Q&A/Wrap Up



# Additional Questions and Information

- **Sandata Customer Service:**

- Sandata users: 1.833.542.2603 or [decustomer@sandata.com](mailto:decustomer@sandata.com) (include DE EVV in subject line).
- Alternate EVV system users: [DEaltev@sandata.com](mailto:DEaltev@sandata.com)



# Additional Questions and Information

- **DMMA:** [DHSS DMMA EVV@delaware.gov](mailto:DHSS_DMMA_EVV@delaware.gov)
- **ACDE:** [EVV Provider Notification@amerihealthcaritasde.com](mailto:EVV_Provider_Notification@amerihealthcaritasde.com)
- **DEFH:** [EVVProviderCommunication@delawarefirsthealth.com](mailto:EVVProviderCommunication@delawarefirsthealth.com)
- **HHO:** [EVVProviderCommunication@highmark.com](mailto:EVVProviderCommunication@highmark.com)

# Additional Questions and Information

- Additional questions may be emailed to:  
DHSS\_DMMA\_EVV@delaware.gov
  - When emailing DMMA, please include the Sandata service ticket number(s)
- DMMA will periodically post new information on our EVV webpage:  
[https://dhss.delaware.gov/dmma/info\\_stats.html](https://dhss.delaware.gov/dmma/info_stats.html)