



EVV Provider Forum

March 27, 2024

Delaware Division of Medicaid and Medical Services

Agenda

Welcome and Introductions

Project Updates

Sandata Mobile App Updates

Taxonomy Crosswalk

Q & A

Project Updates

- EVV Statistics as of March 2024
 - 798,309 visits submitted
 - 143 unique MCDIDs registered
 - 71 MCDIDs actively using system

Project Updates

- ACDE and HHO are currently testing transmission of a Data Warehouse File extracts from Sandata.
 - These file extracts will support a post-payment review process whereby claims subject to EVV will be matched against EVV visit data.
 - The MCOs will work with providers to resolve discrepancies.
 - Post-payment review activities are anticipated to begin in the 2nd quarter of CY 2024.

Project Updates

- DEFH will have a direct interface with the Sandata system whereby claims are matched against visit data.
 - Once the API is turned on, providers will receive messages via their RA regarding discrepancies between claims and visit data.
 - No claims will be denied for missing visit data.
 - DEFH will let their contracted providers know when they intend to begin this process.

*Upcoming Changes to the Agency Management
Product (AMP)*

Employee Module

Current Product View

- Sandata EVV
- Navigate Modules
- Clients
- Employees
- Scheduling
- Visit Maintenance
- Billing
- Billing
- Reports
- Data Entry
- Scheduling
- Bulk Upload
- Authorizations
- Claims
- Security
- Announcement
- Fixed Visit Verification
- Plan of Care
- Messaging
- Validate Address
- Online Manual

Employees

Account: 60138 [US/Eastern] - santrax [LOG OUT](#)

Select an Employee As of: 4:05 PM

Info
 Search results have exceeded and been capped at 1000 rows. Please refine your search parameters to see all results.

[CREATE EMPLOYEE](#)

OFFICE WORKER

CAREGIVER

Show: 10 per page
Showing 1-10 of 1000 entries

Name	Status	Employee ID	Position	Hired Date	Released Date	Update As Of
ArminTestDbFields, ArminTestDbFieldsf Z.	Active	302366	Caregiver	07/13/2022		07/15/2022
Arshad, Mahmood	Active	000000	Registered Nurse	10/24/2023		10/24/2023
ArshadFive, MahmoodFive	Active	000000	Caregiver	11/21/2023		11/21/2023
asdfj, Vikranthgs	Active	000000	Office Staff	06/11/2023		06/11/2023
av, av	Active	000000	Licensed Practical Nurse	09/13/2023		09/13/2023
av, av	Active	000000	Licensed Practical Nurse	08/08/2022		08/08/2022
configOff, configOff	Active	802146	Office Staff	07/15/2022		07/15/2022
Corr, Nina	Active	756453	Caregiver	01/25/2022		01/25/2022
devtest, pinal	Active	000000	Office Staff	02/20/2023		02/20/2023
dfasdfasdfasd, daSDFs	Active	000000	Registered Nurse	11/09/2023		11/09/2023

New Product View

Sandata
Home Care

Navigate Modules

- Dashboard
- Clients
- Employees**
- Scheduling
- Visit Maintenance
- Billing
- Reports
- Data Entry
- Scheduling
- Authorizations
- Security
- Plan of Care
- Online Manual

AHCCCS E.V.V. ✓

Employees

Account: 80189 [US/Arizona] - santrax [LOG OUT](#)

[CREATE EMPLOYEE](#)

🔍 Type here for a quick search...

[FILTERS](#)

[EXPORT DATA](#)

NAME	STATUS	EMPLOYEE ID	POSITION	HIRED DATE	RELEASED DATE	UPDATE AS OF
Barron, Spencer something	● Active	894981	Caregiver	11/14/2023		11/14/2023
Becker, Ryland	● Active	919899	Caregiver	11/16/2023		11/16/2023
Bruce, Alma N.	● Active	630653	Caregiver	09/15/2023		09/15/2023
Dudley, Katie	● Active	106442	Caregiver	09/15/2023		09/15/2023
Horn, Elizabeth	● Active	973643	Caregiver	11/14/2023		11/14/2023
Jenson, John	● Active	835253	Licensed Practical Nurse	11/15/2023		11/15/2023
Jones	● Active	945228	Caregiver	06/29/2023		06/29/2023
MahmoodE, ArshadE	● Active	684825	Licensed Practical Nurse	10/25/2023		10/25/2023
Morris, Michael	● Active	471123	Office Staff	11/15/2023		11/15/2023
Oneill, Etta	● Active	924755	Caregiver	09/15/2023		09/15/2023
Sullivan, Austin	● Active	870191	Caregiver	09/15/2023		09/15/2023
Tangles, Rex	● Active	928859	Office Staff	10/17/2023		10/17/2023

25 of 12 entries

« < 1 > »

Current Product View

Sandata EVV

Account: 60138 [US/Eastern] - santrax [LOG OUT](#)

Employees | Account: 60138 [US/Eastern] - santrax [LOG OUT](#) [CREATE EMPLOYEE](#)

Select an Employee As of: 4:05 PM

LAST NAME: Enter Last Name

SUPERVISOR: Select Supervisor

CAREGIVER

[SEARCH](#) [CLEAR](#) [EXPORT](#)

New Employee

* Indicates required field

FIRST NAME* Enter First Name

LAST NAME* Enter Last Name

SUPERVISOR

Associations

POSITION* Select Position

SSN LAST 5 DIGITS* - - - - -

PHONE* () - - - -

EMAIL* Enter Email

NATIONAL PROVIDER ID Enter National Provider ID

[CANCEL](#) [CREATE EMPLOYEE](#)

Name	Status	Employee ID	Position	Hired Date	Released Date	Update As Of
ArminTestDbFields, ArminTestDbFields Z	Active	302366	Caregiver	07/13/2022		07/15/2022
Arshad, Mahmood	Active	000000	Registered Nurse	10/24/2023		10/24/2023
ArshadFive, MahmoodFive	Active	000000	Caregiver	11/21/2023		11/21/2023
asdfj, Vikranthgs	Active	000000	Office Staff	06/11/2023		06/11/2023
av, av	Active	000000	Licensed Practical Nurse	09/13/2023		09/13/2023
av, av	Active	000000	Licensed Practical Nurse	08/08/2022		08/08/2022
configOff, configOff	Active	802146	Office Staff	07/15/2022		07/15/2022
Corr, Nina	Active	756453	Caregiver	01/25/2022		01/25/2022
devtest, pinal	Active	000000	Office Staff	02/20/2023		02/20/2023
dfasdfasdfasd, daSDFs	Active	000000	Registered Nurse	11/09/2023		11/09/2023

Show: 10 per page
Showing 1-10 of 1000 entries

New Product View

The screenshot shows the Sandata Home Care Employees management interface. A modal window titled "New Employee" is open in the center, allowing for the creation of a new employee record. The background shows a list of existing employees with columns for Name, Status, Hired Date, Released Date, and Update As Of. The modal form includes fields for Last Name, First Name, Supervisor, Position, SSN, Phone, and National Provider ID. A "CREATE EMPLOYEE" button is visible at the bottom right of the modal.

Sandata Home Care

Account: 80189 [US/Arizona] - santrax [LOG OUT](#)

Q Type here for a quick search... [FILTERS](#) [EXPORT DATA](#)

Employees

CREATE EMPLOYEE

NAME	STATUS	HIRED DATE	RELEASED DATE	UPDATE AS OF
Barron, Spencer something	Active	11/14/2023		11/14/2023
Becker, Ryland	Active	11/16/2023		11/16/2023
Bruce, Alma N.	Active	09/15/2023		09/15/2023
Dudley, Katie	Active	09/15/2023		09/15/2023
Horn, Elizabeth	Active	11/14/2023		11/14/2023
Jenson, John	Active	11/15/2023		11/15/2023
Jones	Active	06/29/2023		06/29/2023
MahmoodE, ArshadE	Active	10/25/2023		10/25/2023
Morris, Michael	Active	11/15/2023		11/15/2023
Oneill, Etta	Active	09/15/2023		09/15/2023
Sullivan, Austin	Active	09/15/2023		09/15/2023
Tangles, Rex	Active	10/17/2023		10/17/2023

25 of 12 entries

New Employee

***Required**

Last Name* Test

First Name* Test

Supervisor

Associations

Position* RN- Registered Nurse

SSN

Phone* (123) 456-7897

National Provider ID Enter National Provider ID

[CANCEL](#) **CREATE EMPLOYEE**

Current Product View

Navigate Modules

Clients

Employees

Scheduling

Visit Maintenance

Billing

Billing

Reports

Data Entry

Scheduling

Bulk Upload

Authorizations

Claims

Security

Announcement

Fixed Visit Verification

Plan of Care

Messaging

Validate Address

Online Manual

Personal [Schedules](#)

Personal

* Indicates required field

TITLE: Mr.

FIRST NAME*: ArminTestDbFields MIDDLE INITIAL: Z

LAST NAME*: ArminTestDbFields SUFFIX: V

SSN LAST 5 DIGITS*: XXX-XX-XXXX GENDER: Female

REGISTRY ID*: 2sdsds

BIRTH DATE: 11/01/2023 PRIMARY SPOKEN LANGUAGE: BUR- Burmese

Phone Numbers

PHONE 1 (MOBILE)*: (160) 670-0001

PHONE 2: () - - - -

PHONE 3: () - - - -

PHONE 4: () - - - -

Address

* Indicates required field

ADDRESS LINE 1: this is my address ADDRESS LINE 2:

ADDRESS TYPE: H- Home ADDRESS LABEL:

ZIP CODE: 12345-____ CITY: Schenectady

COUNTY: Schenectady STATE: New York

EMAIL:

Contacts

Name	Contact Type	Relation	Language	Phone 1	End Date
FASDFASDFASD, FSDSDFDASFD SF U.	Emergency	Spouse		(666) 667-8899	

Agency

STATUS*: Active EFFECTIVE DATE: 07/15/2022 EMPLOYEE ID/PIN*: 302366

POSITION*: CGV- Caregiver HIRE DATE*: 07/13/2022 SUPERVISOR: Select Supervisor

SUPERVISOR CODE: NATIONAL PROVIDER ID:

MOBILE USER SUPERVISOR IS REHIRE

New Product View



[BACK](#) **Jenson, John**

Employee ID: 835253 | Phone No : (124) 554-8764 | Email Address: -- | Main Emergency Contact: (546) 876-5421

Personal Schedules

Identifiers

SSN	*****65321		
Status	Active	Effective Date	Nov 15, 2023
Employee ID/PIN	835253	Position	LPN- Licensed Practical Nurse
Hire Date	Nov 15, 2023	Supervisor	Becker, Ryland
Supervisor Code	-	National Provider ID	-
Alternative Provider ID	835253		

Personal Information

Employee Name	-	John Jenson	
Email Address	-		
Date of Birth	March 7, 1989	Gender	Male
Language	English		

Addresses | Phone Numbers

📍 Second street 📞 (124) 554-8764 2.floor **Main Address** ...

Contacts

[ADD CONTACT](#)

👤 Melissa M. Smith - (546) 876-5421 Other **Emergency contact** ...

Excluded Client

No excluded client added.
Client with negative service must be added here.

[ADD EXCLUSION](#)

Navigate Modules

Dashboard

Clients

Employees

Scheduling

Visit Maintenance

Billing

Reports

Data Entry

Scheduling

Authorizations

Security

Plan of Care

Online Manual

AHCCCS E.V.V. ✓
ELECTRONIC VISIT VERIFICATION

Edit Identifiers ✕

*** Required**

SSN *
*****65321

Status*
Active

Employee ID/PIN*
835253

Position*
LPN- Licensed Practical Nurse

Hire Date*
11/15/2023

Supervisor
Becker, Ryland

Supervisor Code
[Empty]

National Provider ID
[Empty]

Alternative Provider ID
835253

Mobile user Supervisor Is Rehire

CANCEL **RESET MOBILE USER PASSWORD** **SAVE**

Edit Personal Information New Product View ✕

*** Required**

Prefix (Optional) First Name*
Select Prefix (Optional) John

Middle Name Last Name* Suffix (Optional)
Enter Middle Name Jenson III

Gender Date Of Birth
1- Male 03/07/1989

Language
ENG- English

CANCEL **SAVE CHANGES**

Edit Address and Phone Number ✕

*** Required**

Address Label
2.floor

Address Line 1 Address Line 2
Second street Enter Address Line 2

Address Type Zipcode
O- Other 12548-7966

City County
Modena Ulster

State Mobile Phone Number*
New York (124) 554-8764

+ Add number

CANCEL **SAVE**

Edit Contact ✕

*** Required**

Title First Name*
Select Title Melissa

Enter Middle Initial Last Name* Suffix
M Smith Select Suffix

Gender Birth Date Primary Spoken Language
Male 08/20/1990 Select Primary Spoken Language

Type Relation Use as main emergency contact
GEN- General O- Other

Address Line 1* Address Line 2
Somewhere Enter Address Line 2

Address Type* Address Label
H- Home Enter Address Label

ZIPCODE* City*
12456-2154 Mount Marion

County State*
Ulster New York

Phone 1 Phone 2
(546) 876-5421 () - -

Phone 3 Phone 4
() - - () - -

Email
melka@gmail.com

CANCEL **SAVE**

Client Module

Client Module Changes

- Data grid
- Create client | Add program
- Advance filters | quick search
- Export
- Tabs | Header
- Historian

Current Product View

Select a Client / Program As of: 3:54 PM

[CREATE CLIENT](#)

LAST NAME <input type="text" value="Enter Last Name"/>	FIRST NAME <input type="text" value="Enter First Name"/>	STATUS <input type="text" value="Select Status"/>	CLIENT ID <input type="text" value="Enter Client ID"/>
CLIENT PAYER ID <input type="text" value="Enter Client Payer ID"/>	MEDICAID ID <input type="text" value="Enter Medicaid ID"/>	PROGRAM <input type="text" value="Select Program"/>	LANGUAGE <input type="text" value="Select Language"/>
PRIMARY PAYER <input type="text" value="Select Primary Payer"/>			

[SEARCH](#) [CLEAR](#)
[EXPORT](#)

Show: 10 per page
Showing 1-10 of 1000 entries

Name	Program	Status	Supervisor	Medicaid ID	Client Payer ID	As Of	SOC	EOC	Services
	ODP	● Pending				12/4/23			
'clientonee, Oneclientt F.	ODP	● On Hold	..Supervisor, ..Melisa	'clientone		9/10/19		5/16/23	T1005, W1725
	OLTL	● Pending		'clientone	65656565	7/17/23			
	OMAP	● Pending		'clientone	fdsfdsfdsfds	9/14/23			
.	OLTL	● Pending		2019100333		10/3/19			S5150, T1005
	ODP	● Pending		2019100333	sss	9/13/23			
.	ODP	● Pending		2019100311		10/3/19			W1724
.	ODP	● Pending		AMP10072019392030300	AMP10072019156643446	10/7/19			T2025, W7058
.	ODP	● Pending		AMP10072019590911836	AMP10072019648826376	10/7/19			W1726
.	New SPV code	● Pending		AMP11192019303760753	AMP11192019293510852	11/19/19			

[CREATE CLIENT](#)

QType here for a quick search...

[FILTERS](#)

[EXPORT DATA](#)

[IMPORT](#)

CLIENT	STATUS	PROGRAM	SUPERVISOR	MEDICAID ID	CLIENT PAYER ID	AS OF	SOC	EOC	SERVICES
⊕ Bojangles, Tito	● Pending	AHCCCS		332435345	332435345	10/18/23			G0300, S5125
⊕ Coleman, Gwen	● Pending	AHCCCS		123456796A	123456796A	9/15/23			
⊕ Fisher, Kayla	● Pending	AHCCCS		223456789	223456789	11/14/23			
⊕ Hinson, Vy M.	● Active	AHCCCS		0	0	7/1/23	7/1/23		S5125
⊕ Jenson, Jenny J.	● Pending	AHCCCS		33333333333333333333	33333333333333333333	11/15/23			S5130, S9128
⊕ Kravitz, Lanny	● Pending	AHCCCS		9894654654665	9894654654665	12/1/23			
⊕ Lilly, Tameka	● Pending	AHCCCS		55544668877	55544668877	7/5/23			
⊕ Lilly, Tameka	● Pending	AHCCCS		548746941	548746941	7/5/23			
⊕ Lively, Melissa	● Pending	AHCCCS		987654321	987654321	7/10/23			
⊕ MahmoodThree, ArshadThree	● Pending	AHCCCS		1234567890	1234567890	10/25/23			
⊕ Nick, Annabel A.	● Pending	AHCCCS		78945622684225888522	78945622684225888522	11/14/23			
⊕ Smith, Jessica	● Pending	AHCCCS		87654321	87654321	7/10/23			H2014
⊕ Smith, Melissa	● Active	AHCCCS		123456789	123456789	6/29/23	6/29/23		H2014, T1019
⊕ Sullivan, Carol	● Pending	AHCCCS		111222789	111222789	11/14/23			
⊕ Tangles, Steven	● Pending	AHCCCS		432543654645	432543654645	10/16/23			G0299, S9123
⊕ Test, testcheck	● Pending	AHCCCS		yugyut687687	yugyut687687	11/10/23			
⊕ Testoglu, Testan	● Pending	AHCCCS		1231231231	1231231231	11/14/23			
⊕ Twogglesworth, Tom	● Pending	AHCCCS		423453534534534	423453534534534	10/16/23			

25 of 18 entries

Navigate Modules

Dashboard

Clients

Client Management

Referral Management

Attribute Management

Physician Management

Employees

Scheduling

Visit Maintenance

Billing

Reports

Data Entry

Scheduling

Authorizations

Security

Plan of Care

Online Manual

CREATE CLIENT

QType here fo

Navigate Modules

Dashboard

Clients

Client Management

Referral Management

Attribute Management

Physician Management

Employees

Scheduling

Visit Maintenance

Billing

Reports

Data Entry

Scheduling

Authorizations

Security

Plan of Care

Online Manual

CLIENT	STATUS	PROGRAM	SUPERVISOR	MEDICAID ID	CLIENT PAYER ID
Bojangles, Tito	Pending	AHCCCS		332435345	332435345
Coleman, Gwen	Pending	AHCCCS		123456796A	123456796A
Fisher, Kayla	Pending	AHCCCS		223456789	223456789
Hinson, Vy M.	Active	AHCCCS		0	0
Jenson, Jenny J.	Pending	AHCCCS		33333333333333333333	33333333333333333333
Kravitz, Lanny	Pending	AHCCCS		9894654654665	9894654654665
Lilly, Tameka	Pending	AHCCCS		55544668877	55544668877
Lilly, Tameka	Pending	AHCCCS		548746941	548746941
Lively, Melissa	Pending	AHCCCS		987654321	987654321
MahmoodThree, ArshadThree	Pending	AHCCCS		1234567890	1234567890
Nick, Annabel A.	Pending	AHCCCS		78945622684225888522	78945622684225888522
Smith, Jessica	Pending	AHCCCS		87654321	87654321
Smith, Melissa	Active	AHCCCS		123456789	123456789
Sullivan, Carol	Pending	AHCCCS		111222789	111222789
Tangles, Steven	Pending	AHCCCS		432543654645	432543654645
Test, testcheck	Pending	AHCCCS		yugyut687687	yugyut687687
Testoglu, Testan	Pending	AHCCCS		1231231231	1231231231
Twogglesworth, Tom	Pending	AHCCCS		423453534534534	423453534534534

25 of 18 entries

« < 1 > »

Filters New Product View ✕

Last Name

First Name

Status

Client ID

Client Payer ID

Medicaid ID

Program

Language

Primary Payer

CLEAR
APPLY FILTERS

6/29/23	6/29/23	H2014, 11019
11/14/23		
10/16/23		G0299, S9123
11/10/23		
11/14/23		
10/16/23		

EXPORT DATA

IMPORT

CSV

Excel

PDF

15

CLIENTS

New Product View

Filter : status = InActive;

CLIENT	STATUS	PROGRAM	SUPERVISOR	MEDICAID ID	CLIENT PAYER ID	AS OF	SOC	EOC	SERVICES
ArminSantrax Service, Armin SantraxService	InActive	COHCPF		423111143254		7/30/2021	7/30/2021	2021-07-01T00:00:00	DME
ArminTestClient, ArminTestClient	InActive	COHCPF		4223432111		7/30/2021	7/30/2021	2021-07-01T00:00:00	BHSVC
AutoBTsEGE, AutoTwICGT	InActive	COHCPF		4960934803	4960934803	6/26/2023		2023-06-26T00:00:00	HHPT
AutoBwPRpS, AutomTeMVU	InActive	COHCPF		5912478964	5912478964	7/4/2023		2023-07-04T00:00:00	PEDPC
AutoczpgGN, AutoCsbnpM	InActive	COHCPF		7052255052	7052255052	6/27/2023		2023-06-27T00:00:00	HSPH
AutoDPYDvU, AutoeHpitq	InActive	COHCPF		0618312246	0618312246	5/25/2023		2023-06-16T00:00:00	BHSVC
AutoEQlxEF, AutonGQxFv	InActive	COHCPF		4607742711	4607742711	6/26/2023		2023-06-26T00:00:00	IHSS
AutoFipIBm, AutorjRifC	InActive	COHCPF		4932747518	4932747518	6/2/2023		2023-06-08T00:00:00	BHSVC
AutoGUalXZ, AutodlxmYR	InActive	COHCPF		9246024569	9246024569	6/25/2023		2023-06-25T00:00:00	PDRN
AutoguqtDA, AutoAcodfS	InActive	COHCPF		0573434987	0573434987	6/26/2023		2023-06-26T00:00:00	PT
AutolmsXHJ, AutoEOQpGn	InActive	COHCPF		0325513293	0325513293	6/26/2023		2023-06-26T00:00:00	SLT
AutoMzemKj, AutokJahil	InActive	COHCPF		5088306950	5088306950	6/26/2023		2023-06-26T00:00:00	HMKR

Total Number of CLIENTS : 179
Clients

12/6/2023 8:55:15 AM

Page 1 of 19

Navigate Modules

Clients

Employees

Scheduling

Visit Maintenance

Billing

Billing

Reports

Data Entry

Scheduling

Bulk Upload

Authorizations

Claims

Security

Announcement

Fixed Visit Verification

Plan of Care

Messaging

Validate Address

Online Manual

Personal* [Program*](#) [Diagnosis](#) [Schedules](#) [Recurring Schedule Templates](#) [Invoices](#)

Personal

* indicates required field

TITLE

FIRST NAME*

MIDDLE INITIAL

LAST NAME*

SUFFIX

SSN

GENDER*

BIRTH DATE

PRIMARY SPOKEN LANGUAGE

MEDICAID ID*

CLIENT ID

[REQUEST DEVICE](#)

Addresses (1)

* indicates required field

(Current)

[ADD NEW ADDRESS](#)

ADDRESS LINE 1*

ADDRESS LINE 2

ADDRESS TYPE*

ADDRESS LABEL

ZIP CODE*

CITY*

COUNTY

STATE*

Phone Numbers, Etc

PHONE 1*

PHONE 2

PHONE 3

PHONE 4

EMAIL

ACTIVE

Agency

OTHER ID

Contacts

[+](#)

Name	Contact Type	Relation	Language	Phone 1	End Date

[CANCEL](#)

[SAVE](#)

[SA](#) [Chat](#)

[BACK](#) **Smith, Melissa**

[HISTORY](#) [NOTES](#)

Client ID: 290423 | Medicaid ID: 123456789 | Main Address: Somewhere | Phone No: (387) 618-2486 | Main Emergency Contact: (754) 124-6546

Personal Program Diagnosis Medications Schedules Templates Invoices

Identifiers

Client ID	123456789	Medicaid ID	123456789
SSN	*****5266	Agency ID	123456789

Personal Information

Client Name	Melissa Smith		
Email Address	-		
Date of Birth	August 22, 1995	Gender	Female
Language	English		
Referral	Referral		

Addresses | Phone Numbers *

[REQUEST DEVICE](#) [ADD](#)

Somewhere	(387) 618-2486	My Business address - something, something	Main Address	...
Somewhere	(123) 457-6612	Billing		...

Contacts

[ADD CONTACT](#)

Carol C. Hurt - (754) 124-6546 [Partner](#) [Emergency contact](#) ...

Excluded Employee

No excluded employee added.
Employee with negative service must be added here.

[ADD EXCLUSION](#)

Attributes

No attributes added.
Click button to add attribute.

[ADD ATTRIBUTE](#)

Navigate Modules

Dashboard

Clients

Client Management

Referral Management

Attribute Management

Physician Management

Employees

Scheduling

Visit Maintenance

Billing

Reports

Data Entry

Scheduling

Authorizations

Security

Plan of Care

Online Manual



Navigate Modules

Clients

Employees

Scheduling

Visit Maintenance

Billing

Billing

Reports

Data Entry

Scheduling

Bulk Upload

Authorizations

Claims

Security

Announcement

Fixed Visit Verification

Plan of Care

Messaging

Validate Address

Online Manual

Select a Client / Program

LAST NAME

Enter Last Name

CLIENT PAYER ID

Enter Client Payer ID

PRIMARY PAYER

Select Primary Payer

SEARCH

CLEAR

No search performed yet

New Client

Current Product View

*Indicates required field

FIRST NAME*

Enter First Name

LAST NAME*

Enter Last Name

PROGRAM*

Select Program

MEDICAID ID*

Enter Medicaid ID

SSN

____-____-____

PHONE

() ____-____-____

CANCEL

CREATE CLIENT

CREATE CLIENT

CLIENT ID

Enter Client ID

LANGUAGE

Select Language

CREATE CLIENT

Q Type here for a quick search...

FILTERS

EXPORT DATA

IMPORT

Navigate Modules

Dashboard

Clients

Client Management

Referral Management

Attribute Management

Physician Management

Employees

Scheduling

Visit Maintenance

Billing

Reports

Data Entry

Scheduling

Authorizations

Security

Plan of Care

Online Manual

Clients

CLIENT	STATUS	PROG	CLIENT PAYER ID	AS OF	SOC	EOC	SERVICES
Bojangles, Tito	Pending	AHCC	332435345	10/18/23			G0300, S5125
Coleman, Gwen	Pending	AHCC	123456796A	9/15/23			
Fisher, Kayla	Pending	AHCC	223456789	11/14/23			
Hinson, Vy M.	Active	AHCC	0	7/1/23	7/1/23		S5125
Jenson, Jenny J.	Pending	AHCC	33333333333333333333333333333333	11/15/23			S5130, S9128
Kravitz, Lanny	Pending	AHCC	9894654654665	12/1/23			
Lilly, Tameka	Pending	AHCC	55544668877	7/5/23			
Lilly, Tameka	Pending	AHCC	548746941	7/5/23			
Lively, Melissa	Pending	AHCC	987654321	7/10/23			
MahmoodThree, ArshadThree	Pending	AHCC	1234567890	10/25/23			
Nick, Annabel A.	Pending	AHCC	78945622684225888522	11/14/23			
Smith, Jessica	Pending	AHCC	87654321	7/10/23			H2014
Smith, Melissa	Active	AHCCCS	123456789	6/29/23	6/29/23		H2014, T1019
Sullivan, Carol	Pending	AHCCCS	111222789	11/14/23			
Tangles, Steven	Pending	AHCCCS	432543654645	10/16/23			G0299, S9123
Test, testcheck	Pending	AHCCCS	yugyut687687	11/10/23			
Testoglu, Testan	Pending	AHCCCS	1231231231	11/14/23			
Twogglesworth, Tom	Pending	AHCCCS	423453534534534	10/16/23			

New Client

New Product View

**Required*

Last Name*

First Name*

Program*

Payer*

Medicaid ID*

SSN

Phone

[CANCEL](#)
CREATE CLIENT

25 of 18 entries

« < 1 > »

EVV Taxonomies

- DMMA maintains and is publishing an updated taxonomy crosswalk.
 - Reflects all current EVV Services and associated taxonomies for each payer (DMMA, ACDE, DEFH and HHO).
 - This should help providers who are still in the DMAP provider registration process (as required by 21st Century Act).
 - The crosswalk will be posted on the EVV webpage, distributed to the EVV list serve and embedded in a revised FAQ document.

Q&A/Wrap Up



Additional Questions and Information

- **Sandata Customer Service:**

- Sandata users: 1.833.542.2603 or decustomer@sandata.com (include DE EVV in subject line).
- Alternate EVV system users: 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
- **HHO:** 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

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
- CMS Final Rule -<https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf> & CMS Medicaid Enrollment Compendium <https://www.medicaid.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

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

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
- **Contact the MCO with whom the member is enrolled**