

Virginia Department of Medical Assistance Services

Division for Aging and Disability Services

Electronic Visit Verification (EVV) FAQs

Revised March 6, 2019

Question: When will the use of an EVV system be required?

Answer: The federal 21st Century CURES Act requires states to implement Electronic Visit Verification (EVV). The original bill said states must comply with this requirement for Medicaid in-home personal care by January 1, 2019 and for Home Health Services by January 1, 2023. The Virginia Appropriations Act expanded the use of EVV to include consumer directed personal care and respite and companion services. In July 2018, federal legislation extended the deadline for states to comply with the EVV requirement without penalty for Medicaid personal care services to January 1, 2020. There was no change in the date for home health services. **DMAS will require EVV for Agency and Consumer Directed personal care, and respite and companion services beginning October 1, 2019.**

Question: Where can I find Virginia Medicaid requirements for EVV systems?

Answer: The proposed EVV regulations provide basic system requirements. Please see the next question for the technical specification guide to submit claims. The draft regulations are available on the DMAS EVV webpage <http://www.dmas.virginia.gov/#/longtermprograms>. Scroll down to the banner labeled "Resources".

Question: Where can I find the technical specifications to submit an EVV claim?

Answer: The technical specification guide to submit agency directed fee-for-service claims can be found on the www.virginiamedicaid.dmas.virginia.gov. Click on 'EDI Support' and select 'EDI Companion Guides'. The technical specification guide to submit agency directed claims to a DMAS contracted MCO can be found at <https://eps.dmas.virginia.gov>. Select 'Resources' and click on 'MES EPS 837P Companion Guide'. Links to both guides are available on the DMAS EVV webpage <http://www.dmas.virginia.gov/#/longtermprograms>. Scroll down to the banner labeled "Resources".

Question: Will there be the chance to test our EVV process with the billing system prior to the effective date of **October 1, 2019**?

Answer: Virginia Medicaid will provide an opportunity to allow the testing of submitting EVV claims. It is anticipated this will occur in July 2019. More information about the specific reporting will be provided closer to July.

Question: Which billing codes are affected?

Answer: The following HCPCS codes will require EVV information:
Personal Care: T1019, S9125
Respite Services: T1005
Companion Services: S5135

Question: Will there be a change in unit of service?

Answer: The unit of service for the HCPCS codes that require EVV information listed above will be changed from one (1) hour to fifteen (15) minutes. DMAS is working with Keypro and WaMS/FEi systems to incorporate the change in the service authorization.

Question: Will DMAS accept paper or direct data entry claims that require EVV reporting for services provided beginning October 1, 2019?

Answer: For Agency Directed personal care services, respite care, and companion services, DMAS will not accept paper claims or direct data entry (DDE) claims. Providers must submit electronic data interchange (EDI) 837P claims.

Question: I have been submitting Direct Data Entry claims to DMAS. How do I go about registering to begin the submission of EDI claims?

Answer: Email the Conduent Service Center at Virginia.EDISupport@Conduent.com and ask for an enrollment packet.

Question: Regarding the October 2019 date, is that date the day that all submissions are subject to the new requirements or does that mean all visits that occur PRIOR to October 1st must be submitted the old way and visits submitted AFTER October 1st must be submitted the new way?

Answer: EVV is required for services provided on or after October 1, 2019. Services provided prior to October 1, 2019 can be billed after October 1, 2019 without EVV information. Conversely, if EVV information is provided for services provided prior to October 1, 2019, that information will be ignored.

Question: There is an old rule of thumb to not submit a claim with the same date of service on more than one line. With EVV, a Medicaid member may receive services from more than one attendant working multiple shifts during the same day. Will it be ok to submit a claim with multiple lines for the same date of service?

Answer: An EVV 'line of billing' includes the date, type of service, service start and end time, attendant name, and beginning and ending location. For EVV, the new rule of thumb is to submit a claim with each complete 'line of billing'. There may be more than one attendant shift per day and a shift may cross from one day to the next.

Question: Is DMAS working with the MCOs?

Answer: DMAS is working with and meetings with the MCOs on the EVV requirements.

Question: What happens if I don't use an EVV system?

Answer: In order to continue to provide personal care services, respite care, and companion services and to be reimbursed by Virginia Medicaid, the use of an EVV system is required. If a provider does not submit the required EVV information, the claim(s) will be denied.

Question: Will Virginia Medicaid provide a list of approved EVV vendors?

Answer: Virginia Medicaid does not and will not approve EVV vendor systems. To facilitate the adoption of an EVV system by the provider community, Virginia Medicaid may from time-to-time refer inquiries to a list of EVV systems compiled by a third party. It is the responsibility of the provider to ensure that their system meets Virginia Medicaid's requirements.

Question: What are the requirements for an EVV the system?

Answer: The system must be able to verify the attendant is onsite. This can be accomplished through several electronic means. Most EVV vendors have an option to handle this manually in the event cell service is not available or if the member does not have a telephone or will not let the attendant use their telephone. More information about the system requirements is made available in the DMAS proposed regulations.

Question: Can an individual/member receive services in the community with EVV?

Answer: Yes. The use of EVV does not change the services or location in which services are provided. Members will be permitted to receive services in accordance with their care plan and existing program rules.

Question: Are there any community settings where EVV will not be required?

Answer: Yes. EVV will not be required for individuals in a group home licensed by Department of Behavioral Health and Developmental Services (DBHDS), a sponsored residential home, supervised living, supported living, or similar licensed facility/location licensed to provide respite services, the Regional Educational Assessment Crisis Response and Habilitation (REACH) Program, or in a school where the personal care is rendered under the authority of an Individualized Education Program (IEP).

Question: How long must records be maintain?

Answer: Providers will be required to retain EVV data for at least six years from the last date of service. Records of minor individuals must be kept for at least six years after the minor individuals have reached 18 years of age. If an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception is resolved. Retention of records apply even if the provider discontinues operation. Providers will be required to produce archived EVV data in a timely manner and in an electronic format when requested by DMAS or its designee.

Question: Who pays for the EVV system?

Answer: For Agency Directed services, the provider is required to obtain and pay for the use of their own EVV system.

Question: Will the Virginia Medicaid system have edit checks?

Answer: The Virginia Medicaid system will have several system edits. At this point, the following edits will be included:

- Standard edit processes such as member and provider eligibility;
- Verifying the claim or encounter is supported by and consistent with EVV data;
- Verifying the claim is supported by and consistent with a service authorization (SA);
- Pricing the claim using the appropriate rate for the procedure code submitted; and
- Checking for duplicate or overlapping services.

Question: Is the State going to be measuring providers a new way?

Answer: The State will continue to measure providers as they do today. The only additional measurement when EVV is required is the reporting of the additional information with the claim.

Question: Is GPS tracking required?

Answer: No. The physical address is required for submission.

Question: My agency provides one of the services that requires EVV. Will the Managed Care Organizations (MCOs) allow me to select an EVV system?

Answer: Agency Directed providers are able to choose a system that best meets their own business needs that is compliant with Virginia Medicaid's reporting requirements. The MCO will be responsible for collecting the required EVV information.

Question: How will EVV work for Consumer Directed services?

Answer: The Fiscal/Employer Agent (F/EA) will provide access to an EVV system and coordinate training for both the attendant and the Medicaid member.

Question: Will the DMAS-90 form, Provider Aide Record, continue to be required with EVV?

Answer: DMAS will continue to require the collection of information required on the DMAS-90 form. The DMAS-90 form collects additional information that is not reported to DMAS such as the activity of service performed and observations of the individual's condition. If the provider's EVV system captures all components of the DMAS-90 form, an electronic record will meet the requirements of the paper form.

Question: In the event the EVV record needs to be modified, who is authorized to make the adjustment?

Answer: The EVV system must be capable of capturing the attendant's actual start and end time. In the event the time needs to be adjusted, the start or end time may be modified by someone who has authority to adjust the attendant's hours of pay. This may be an RN, a supervisor, the agency owner or designee who has authority to make independent verification. In no case should coworkers be allowed to adjust each other's time.

Question: Will a Medicaid member's signature or voice verification be required on an electronic device upon completion of the assignment?

Answer: DMAS will require electronic verification that the attendant or aid is in proximity with the individual. EVV systems verify location using one or more methods including GPS, telephony call recognition, or member biometrics. For Agency Directed services, a system capable of verifying location through one of these methods will be acceptable.

Question: How does Virginia plan to aggregate the data?

Answer: CMS requires the state to electronically receive six (6) EVV data elements. The first three are already on claim forms: individual receiving the service(s); date of service; and type of service(s) performed (personal, respite, companion, home health). Added to the claim, as required by the technical specification guide, are the additional fields: location of service delivery (beginning and ending); individual providing the service; and the time the service begins and ends. Virginia does not use the term aggregator because it has different meaning depending on its context. Virginia will receive all required EVV information and maintain it in the Medicaid Management Information System (MMIS).

Question: Where can I find additional resources?

Answer: Additional information on EVV is available at the following link:

<http://www.dmas.virginia.gov/#/longtermprograms>. Click on 'Electronic Visit Verification' in the top banner.

For additional questions, please e-mail: EVV@dmas.virginia.gov.