



Department of Medical Assistance Services
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<http://www.dmas.virginia.gov/>

MEDICAID BULLETIN

TO: All Personal Care, Respite Care, Companion Services, Home Health Providers, Services Facilitation Providers, and Managed Care Organizations Participating in the Virginia Medical Assistance Program

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

DATE: 4/22/19

SUBJECT: Electronic Visit Verification (EVV) Update-**REVISED**

This bulletin, (which supersedes the 4/9/19 bulletin entitled, “Electronic Visit Verification”), is a REVISION to the previous bulletin.

The requirement to comply with Electronic Visit Verification (EVV) is approaching! The EVV requirements affects aides and attendants providing Agency Directed and Consumer Directed personal care, respite care, and companion services on or after October 1, 2019.

ELECTRONIC VISIT VERIFICATION (EVV)

In 2016, Congress passed the Cures Act. This law requires states to implement EVV for Medicaid services. In July 2018, the federal deadline for personal care services was moved to January 1, 2020. The deadline for home health care services remained at January 1, 2023. The Virginia Appropriations Act added respite care and companion services to the EVV reporting requirement and requires compliance by October 1, 2019. NOTE: EVV will not be required for services in a Department of Behavioral Health and Developmental Services (DBHDS) licensed facilities, such as a group home, sponsored residential home, supervised living, supported living or similar licensed facility, the REACH Program, or in a school setting.

The DMAS website has been updated to reflect EVV as a featured-priority initiative. On the DMAS homepage www.dmas.virginia.gov, there is an EVV link under 'New Initiatives.' This link will take you directly to the EVV webpage.

Important new information about EVV can be located under the banner/ribbon titled "Resources." It is here that you will find several important documents including an updated set of Frequently Asked Questions (FAQs), draft EVV regulations, and a link to the Companion Guides for 837 Professional Health Care Claim & Encounter Transactions. The guides provides specific information for Virginia Medicaid supporting the electronic data interchange (EDI) claims for personal care, respite care, and companion service providers to DMAS and the Managed Care Organizations (MCOs).

The Cures Act requires the collection of six items:

- a. The type of the service performed;
- b. The individual who received the service;
- c. The date of the service, including month, day and year;
- d. The time the service begins and ends;
- e. The location of the service delivery at the beginning and the end of the service. EVV systems shall not restrict locations where individuals may receive services; and
- f. The attendant or aide who provided the service.

The first three items are collected on the current claim for fee-for-service reimbursement and the encounter for MCO claims. Electronic reporting requirements for the last three items can be found in the companion guides.

Beginning October 1, 2019, DMAS and the MCOs will no longer accept paper or direct data (DDE) claims for Agency Directed personal care services, respite care, and companion services for aide and attendant services provided after that date. Providers must submit complete 837P EDI transactions.

Providers will need to have an EVV system that will meet these requirements, have the basic system capabilities as defined in the EVV draft regulations and ensure the vendor or clearinghouse can submit complete EDI 837P transactions according to the companion guides.

DMAS and the MCOs plan on providing the opportunity to test claims and encounters submission with the new requirements. It is anticipated this will begin occurring in July 2019. More information will be provided closer to July.

As mentioned in the November 1, 2018 EVV Medicaid Memo, "[Electronic Visit Verification](#)," the DMAS-90 Provider Aide Record collects times of service by activity and comments or observations on changes in the individual's physical or emotional condition, daily activities or services provided. If the EVV system captures all components of the DMAS-90 form, an electronic record will meet the requirements of the paper form. Please ensure the records are accessible and retained as described in the EVV draft regulations.

Until the draft regulations are posted on Virginia Town Hall, they are available through the link above. There will be an opportunity for public comment once the regulations are formally posted. You can sign up for notification of regulatory action on Virginia Town Hall at <http://townhall.virginia.gov/L/publiclogin.cfm>.

Additional information on EVV is available at the following link: <http://www.dmas.virginia.gov/#/longtermprograms>. Please email EVV@dmas.virginia.gov with questions.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

<u>PROVIDER CONTACT INFORMATION & RESOURCES</u>	
<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.virginiamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>
<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>