Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

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: Karen Kimsey, MSW, Director
Department of Medical Assistance Services (DMAS)

DATE: 9/25/19

SUBJECT: Electronic Visit Verification (EVV) UPDATE

The purpose of this bulletin is to provide clarification of what is required for compliance with the Electronic Visit Verification (EVV) process that was previously communicated in Medicaid memos and bulletins dated November 1, 2018, April 22, 2019, and August 21, 2019. As a reminder, EVV is a requirement under both state and federal law for certain services paid through the Medicaid program.

EVV for personal care, respite care and companion services is effective October 1, 2019. The Department of Medical Assistance Services (DMAS) has reviewed new information provided by the Centers for Medicare and Medicaid Services (CMS) as well as feedback from providers regarding the implementation of EVV. As a result, the Department is making policy clarifications and providing for an EVV transition period to allow providers additional time to come into compliance with the EVV requirements. During this transition period from October 1, 2019 to December 31, 2019, agency directed providers and consumer directed attendants will continue to be reimbursed for services that do not meet EVV compliance. For claims submitted on or after January 1, 2020, EVV will be required and reimbursement will be denied for services not compliant with EVV requirements.

EVV claims and time sheet processing will not change eligibility criteria used for waiver programs. DMAS will not dis-enroll members from a waiver if they do not comply with EVV. However, member service utilization data from EVV may be used to determine if consumer directed services are appropriate to serve the members needs and in some instances the member may be offered agency directed services if they choose not to use EVV over time.

After the EVV implementation individuals should continue to receive their services in their home or community as they choose currently. EVV does not prevent individuals from accessing the community and DMAS will not penalize individuals who have clock in and clock out locations occur at some place other than their home.

CMS released an informational bulletin on August 8, 2019 that reiterated that each state is required to oversee their programs to implement EVV and listed possible options not previously shared with states. CMS indicated that states may choose to exempt live-in caregivers from EVV requirements and that states may choose not to require EVV when services are provided outside of the home. In this informational document, CMS wrote that states "may select the approach that best aligns with their systems and program integrity goals" and that "states are encouraged to apply appropriate oversight" of these services.

DMAS has reviewed this new information, and will continue to require EVV for all providers/attendants of personal care, companion care, and respite care regardless of live-in status. EVV time-in and time-out information will also be required for shifts whether the individual is in the home or in the community. These are not changes from DMAS's previous position.

Agency Directed Providers
Effective January 1, 2020, Agency Directed providers must submit Electronic Data Interchange (EDI) 837P claims. Providers are encouraged to use the extra time before January 1, 2020 to submit claims with EVV information to ensure compliance with reporting requirements.

Beginning October 1, 2019 DMAS will accept electronic 837P claims with EVV information. The remittance advice for service dates of October 1, 2019 through December 31, 2019 will provide information on EVV data that is missing or invalid. Beginning January 1, 2020, claims submitted for dates of service beginning October 1, 2019 must meet all of the EVV requirements. Claims with a date of service on or after October 1, 2019 that are submitted on or after January 1, 2020 with missing or invalid EVV information will be denied. Therefore, providers are encouraged to submit 2019 EVV related claims on or before December 31, 2019.

Consumer Directed Services
Fiscal/Employer Agents will have EVV applications live by October 1, 2019. Attendants and Employers of Record (EOR) are strongly encouraged to begin using the approved EVV applications to begin submitting time during the transition period. DMAS will continue to work alongside the Managed Care Organizations and Fiscal/Employer Agents to provide education and training on EVV requirements to EORs and attendants during this period as well. EVV changes will not impact service facilitation claims.

Commonwealth Coordinated Care Plus and Medallion 4.0 Program
The Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 managed care plans will also provide the transition period for EVV implementation. For dates of service October 1, 2019 through December 31, 2019, Agency Directed providers may continue to submit claims to the health plans via the same methods currently used or via EDI 837P claims. The plans will not deny claims for missing EVV information during this period. The Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 managed care plans are updating their claims processing systems to provide remittance advice with information on EVV data that is missing or invalid for dates of service between October 1, 2019 through December 31, 2019. This managed care plan system functionality will be available on or after October 1, 2019.

All health plans have opportunities for testing EVV EDI 837P claims. The Department strongly encourages providers to reach out to the plans to arrange testing with their EVV vendors or clearinghouses to ensure EVV claims meet all requirements.

The CCC Plus health plan testing schedule with contact information for each plan is available on the EVV section of the DMAS website at http://www.dmas.virginia.gov/#/longtermprograms with specific managed care plan contacts in the ink titled: "Virginia Health Plans EVV Testing Contacts". Providers are encouraged to arrange testing with their vendors or clearinghouses and the health plans as soon as possible.

For services provided on or after January 1, 2020, all claims must be submitted via the EDI 837P process. Claims submitted to a managed care plan with missing or invalid EVV information will be denied for service dates beginning January 1, 2020.

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

Attachment (Page 5): CCC Plus MCO Testing for Electronic Visit Verification

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Medicaid Expansion

New adult coverage began January 1, 2019. Providers can 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.

CONTACT INFORMATION & RESOURCES FOR PROVIDERS	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
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.	

Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	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
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627

Commonwealth Coordinated Care Plus
MCO Testing for Electronic Visit Verification (EVV)

Health Plan	EVV Testing Dates	Contact
Aetna Better Health of Virginia	Through 12/31/19	Boswellb@aetna.com and/or FrisbyJ@aetna.com
Anthem HealthKeepers Plus	Through 12/31/19	integrations@4tellus.com
Magellan Complete Care	Through 12/31/19	Kyle Hodge: John_Hodge@BCBST.com
Optima Health	Through 12/31/19	Centipede/HEOPS Providers: Email: joincentipede@heops.com Phone: (855) 359-5391 Optima Providers: Phone: 757-552-7474 or 1-800-229-8822
United HealthCare	Ongoing. End-date to be determined	Tami Sink, Team Lead, HCBS Provider Advocates VA, Northeast Region United Healthcare Community and State Phone: 952-406-5037 Fax: 888-598-7683 Email tamara_j_sink@uhc.com
Virginia Premier	Through 11/15/19	EVVSystemProject@virginiapremier.com