



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

<http://www.dmas.virginia.gov/>

MEDICAID MEMO

TO: All Personal Care, Respite Care, Companion Care and 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)

MEMO: Special
DATE: 11/1/18

SUBJECT: Electronic Visit Verification

The purpose of this memorandum is to provide information regarding the future requirement for Electronic Visit Verification (EVV) for personal care, respite care, and companion services. A Medicaid Memo issued on June 25, 2018 on Consumer Directed (CD) Services Fiscal/Employer Agent and Electronic Visit Verification is available at:

<https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2018.06.25.pdf>.

ELECTRONIC VISIT VERIFICATION (EVV)

EVV systems are technology-based systems that electronically document and verify the provision of services. The 21st Century CURES Act, 114 U.S.C. 255, enacted December 13, 2016, requires states to implement EVV for Medicaid personal care and home health care services. Initially states were to comply with this requirement for Medicaid personal care services by January 1, 2019 and for Medicaid home health services by January 1, 2023. On July 30, 2018, federal legislation was enacted that 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.

Since the federal date has changed, DMAS has changed the required implementation date of EVV for Agency and Consumer Directed personal care, respite care, and companion services that originate or conclude in the member's home to October 1, 2019. NOTE: EVV will not be required for services in a Department of Behavioral Health and Developmental Services (DBHDS) licensed site, such as a group home, sponsored residential home, supervised living, supported living or similar licensed facility, the REACH Program, or in a school setting. Additional information regarding Consumer Directed services will be communicated in a separate memo.

The utilization of an EVV system applies to services provided through both fee-for-service and managed care. DMAS has and will continue to work with stakeholders to provide input into the development of the EVV regulations. A Notice of Intended Regulatory Action (NOIRA) will be posted on the Virginia Town Hall. There will be an opportunity for public comment. You can

sign up for notification of regulatory action on Virginia Town Hall at <http://townhall.virginia.gov/L/publiclogin.cfm>.

Agency Directed providers that operate personal care, respite care, and companion services must adopt an EVV system capable of capturing the following required data elements:

1. Type of service performed (personal, respite, companion, home health);
2. Individual receiving the service;
3. Date of the service;
4. Location of the service delivery (beginning and ending);
5. Individual providing the service; and
6. Time the service begins and ends.

These data elements must be sent to DMAS or one of Medicaid's health plans in an electronic format. **For services subject to the EVV requirements, DMAS will not accept paper claims or direct data entry of claims for Agency Directed personal care, respite care, and companion services with an October 1, 2019 or later date of service. Instead, providers must submit 837P claims.** In July 2019, DMAS will provide an opportunity to test your system's capability of sending claims and electronic EVV information. A future Medicaid Memo will provide additional information including timeframes and reporting instructions.

If the EVV system you select collects the information captured on the DMAS-90 form, the EVV documentation can replace the required paper DMAS-90 form. The EVV system selected must be capable of collecting times of service reported according to the DMAS-90 form categories and allow the aide to report changes in the individual's physical or emotional condition, daily activities or services provided. This information is not sent to DMAS or one of Medicaid's health plans, but must be kept accessible in the event the documentation is requested.

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.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services

Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's 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 prior authorization, billing, and reimbursement guidelines than those described for

Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans can be found on the DMAS website for each program as follows:

- Medallion 4.0:
<http://www.dmas.virginia.gov/#/med4>
- Commonwealth Coordinated Care Plus (CCC Plus):
<http://www.dmas.virginia.gov/#/cceplus>
- Program of All-Inclusive Care for the Elderly (PACE)
<http://www.dmas.virginia.gov/#/longtermprograms>

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: <http://www.dmas.virginia.gov/#/cceplus>

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at: <https://dmas.kepro.com/>

HELPLINE

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

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|----------------|---|
| 1-804-786-6273 | Richmond area and out-of-state long distance |
| 1-800-552-8627 | All other areas (in-state, toll-free long distance) |

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is <http://www.dmas.virginia.gov/#/appealsresources> and the form

can be accessed from there by clicking on, "Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that is unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>