Department of Medical Assistance Services
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https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/26/2022

Electronic Visit Verification – UPDATE 2

ELECTRONIC VISIT VERIFICATION (EVV) TRANSITION PERIOD

The purpose of this bulletin is to provide an update for the implementation of Electronic Visit Verification (EVV) requirements. As a reminder, EVV is a requirement for personal care, respite care and companion services paid through the Medicaid program.

The Department of Medical Assistance Services (DMAS) launched EVV on October 1, 2019 and provided a transition period through December 31, 2019 to allow agency providers and consumer directed attendants the opportunity to acclimate to the requirements. DMAS has been monitoring the rate of EVV compliance during the transition period and although progress has been made, there continues to be a need for concerted effort to ensure that providers can successfully comply with EVV. Therefore, DMAS will extend the transition period through March 31, 2020. During this transition period, agency providers will continue to be reimbursed for claims that do not meet EVV compliance. This transition period applies to services provided through fee for service, Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 managed care plans.

DMAS has been granted a Good Faith Exemption from the Centers for Medicare and Medicaid Services (CMS) to ensure federal funding will not be reduced in calendar year 2020 based on the status of the state's EVV implementation. A key milestone submitted in the request to CMS included agency provider and consumer directed attendant compliance by April 2020.

Agency Directed Providers

Agency directed providers must submit Electronic Data Interchange (EDI) 837P claims complete with EVV information in order to be reimbursed for services on and after April 1, 2020. To date, very few providers have submitted claims with EVV information. It is imperative that providers start sending EVV compliant claims immediately. Doing so will ensure provider systems are correctly configured and claims will successfully pass once the EVV requirement is enforced.

Please note, a Medicaid member may receive one or more service visits per day. Many claims systems will deny the second visit as a duplicate. To avoid the denial, modifier 76 should be used on second or subsequent visits for the same day.

All health plans have provided opportunities for testing EVV EDI 837P claims. Providers should contact health plans to arrange testing with their clearinghouses to ensure EVV claims meet all requirements. Providers who have made attempts to test with health plans and have encountered problems should report these problems to the health plan and DMAS.

DMAS can be notified by emailing: EVV@dmas.virginia.gov.

To further support providers and to understand the challenges faced by the EVV implementation, DMAS is conducting a provider survey. The survey can be accessed at the following link: https://www.survey.dmas.virginia.gov/surveys/?s=8PYE3LEWP4 and will active through January 15, 2020. The survey link will also be emailed to all agency providers. Additionally, DMAS is developing new resources and will make these available on the EVV webpage in the coming weeks.

Consumer Directed Services

Fiscal/Employer Agent vendors have implemented EVV systems to capture worked shifts. **No paper timesheets will be accepted after January 3, 2020. This includes faxed timesheets.** Any shifts worked after this date must be received through an EVV compliant mechanism or entered manually through the respective vendor's web portal. While manual web portal entries are permitted, this method of time submission should only be used when other methods are not available. Attendants identified as consistently entering time manually with no effort to comply with EVV requirements will be subject to review by DMAS and the health plans.

NOTE: EVV is not be required for services provided in Department of Behavioral Health and Developmental Services (DBHDS) licensed facilities, such as a group home, supported living or similar licensed facility, or in a school setting.

Additional information on EVV is available at the following link:

http://www.dmas.virginia.gov/#/longtermprograms. Please email EVV@dmas.virginia.gov with questions.

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Medicaid Expansion

New adult coverage began 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.

PROVIDER CONTACT INFORMATION & RESOURCES

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-forservice 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