

**Virginia Department of Medical Assistance Services Division of Aging and
Disability Services Electronic Visit Verification (EVV) FAQ
Updated and Revised as of October 3, 2018**

1. Question: [Why is there a requirement to use an EVV system?](#)

Answer: The federal 21st Century CURES Act requires states to implement Electronic Visit Verification (EVV). 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. **DMAS is tentatively requiring EVV for Agency and Consumer Directed personal care, respite care, and companion services provided beginning October 1, 2019.**

2. Question: [What happens if I don't use an EVV system?](#)

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

3. Question: [What are the requirements for an EVV system?](#)

Answer: The system must be able to verify the attendant is onsite. This can be accomplished by either GPS or caller ID from the member's home. 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 will be made available through the DMAS proposed regulations.

4. 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.

5. Question: [Who pays for the EVV system?](#)

Answer: The provider is required to obtain and pay for the use of their own EVV system. Virginia Medicaid will modify its internal system that will allow EVV information to be uploaded.

6. 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: The Virginia Medicaid system being developed to collect the required EVV data will include a testing phase. The plan is to allow the testing of claims submission beginning July 1, 2019. More information about the specific reporting will be provided in the early part of 2019.

7. 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.

8. Question: [How will Virginia Medicaid verify a provider is using an EVV system?](#)

Answer: When a claim is submitted for a service that requires EVV, the six (6) data elements must be present and pass the edit checks. When an audit is performed the provider may be asked to provide the source EVV records. The records may be produced through the EVV system, or if the provider has changed vendors and no longer has access to the original EVV system, in an electronic version that can be viewed and printed through a common computer software program.

9. Question: Is GPS tracking required?

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

10. 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.

11. 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.

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

Answer: 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.

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