



AETNA BETTER HEALTH® OF VIRGINIA

Personal, respite and companion care service require Electronic Visit Verification

October 15, 2019

Dear Provider,

All personal, respite care, and companion services provided to members will require Electronic Visit Verification (EVV). We are in the middle of a soft launch that began **October 1, 2019. We recommend you test your EVV vendor today.**

All claims for services dated **October 1, 2019**, through **December 31, 2019**, will only be accepted in the old format until **December 31, 2019**. Any service sent to your clearinghouse and through to us on **January 1, 2020** or after for dates of service **October 1, 2019**, through **December 31, 2019** must be EVV compliant.

This change was made in coordination with the Virginia Department of Medical Assistance Services (DMAS) and the Virginia managed care organizations (MCOs) to **comply with the 21st Century Cures Act and the Virginia Appropriations Act.** Together we are embracing technology **to verify, simplify, and improve service delivery to our members.**

The Commonwealth of Virginia is implementing a **Provider Choice Model** for EVV. This model requires that you, the providers and agencies, **select and implement the EVV application that suits your business requirements.** Neither DMAS nor Aetna Better Health of Virginia will endorse, approve, or recommend any specific EVV vendor. The EVV claims processing on behalf of the Virginia MCOs requires that your EVV system meets minimum requirements. Some of these requirements include:

- Being HIPAA compliant.
- Operating in an offline mode when cellular/Wi-Fi connectivity is unavailable.
- Ensuring all PHI is always encrypted.
- Maintaining historical data via backups for the minimums defined by DMAS.
- Capturing the required six data points.
- Submitting claims electronically on the 837P.

Currently you are collecting the following three of the six required data elements:

- Member ID
- Code of the service provided
- Date the service.

The **three additional data elements** that must be included are:

- The time the service begins **and** ends.
- The location for the beginning **and** ending of the service.
- The attendants name **and** unique ID you created for your staff member.

Any service delivered on or after **October 1, 2019**, must be submitted via the Electronic Data Interchange format on an 837P if submitted on **January 1, 2020**, or after. **Claims submitted incomplete or on paper will be denied.**

Aetna Better Health began testing in July with providers who are ready with their EVV systems. If you would like to participate please contact BoswellB@aetna.com and FirsbyJ@aetna.com.

There are resources to help you prepare for this transition to EVV.

- DMAS has EVV FAQs, examples, training, and more on its website: www.dmas.virginia.gov/#/longtermprograms
- Contact your Aetna Better Health Network Relations Representative about EVV or any concerns. Their contact details are on our website: www.aetnabetterhealth.com/virginia/providers
 - On the left side of the page, select **Resources**, then **Provider Relations**. At the bottom of the right side, select **Network Relations Consultant contact list**.

Sincerely,

Aetna Better Health of Virginia
Provider Relations